

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000001808	
1. Entity Name K/MCGINNIS OFFICE, LTD.	



FILED

04 APR 30 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 200 S. BISCAYNE BLVD., SUITE 4900 C/O WHITE & CASE, LLP MIAMI, FL 33131	Mailing Address 225 NE MIZNER BLVD., SUITE 200 BOCA RATON, FL 33432
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02182004 Chg-LP CR2E003 (10/03)

4. FEI Number <i>N/A - Disregarded Entity</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAGG, K. LAWRENCE 200 S. BISCAYNE BLVD., SUITE 4900 C/O WHITE & CASE, LLP MIAMI, FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$17,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. <i>17,500,000.00</i>
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000055605	STREET ADDRESS	
NAME	K/MCGINNIS OFFICE, LLC	CITY-ST-ZIP	
STREET ADDRESS	225 NE MIZNER BLVD., SUITE 200		
CITY-ST-ZIP	BOCA RATON, FL 33432		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: <i>Sam A. Almey</i>	Date: <i>4/23/04</i>	Daytime Phone #: <i>(561) 395-5466</i>
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