

2001 UNIFORM BUSINESS REPORT (UBR)


0006785 AF

DOCUMENT # A05045
 1. Entity Name
DON CARTER'S KENDALL LANES LIMITED

Principal Place of Business Mailing Address
13600 N. KENDALL DR. **1389 N.W. 136TH AVENUE**
MIAMI FL 33186 **SUNRISE FL 33323**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

FILED
01 APR 16 AM 10:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



4. FEI Number **59-1685038** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STRICKROOT, JOHN C
25 W. FLAGLER ST.
5TH FLOOR, CITY NATIONAL BANK BLDG.
MIAMI FL 33130

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$930,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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	
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
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DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	CITY - ST - ZIP
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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: SIGNATURE REQUIRED Jerry Isan 4/13/01 (954) 846-8400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)