

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A16636

1. Entity Name

DKH PROPERTIES, LTD.

Principal Place of Business

33 S. W. 2ND AVENUE
MIAMI FL 33140

Mailing Address

150 S.E. 2ND AVENUE
SUITE 400
MIAMI FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

108 S. MIAMI AVE.

Suite, Apt. #, etc.

2ND FLOOR

City & State

MIAMI, FL

Zip

33130

Country

USA

02 APR 19 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

59-2453846

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HECHT, ALAN R
2670 N.E. 215TH STREET
MIAMI FL 33180

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

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

DATE

9. Capital Contributions
as Shown on record.

\$1,487,500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # K98233
NAME ALSR HOLDING CORPORATION
STREET ADDRESS 2670 NE 215TH ST.
CITY-ST-ZIP MIAMI FL

STREET ADDRESS

CITY-ST-ZIP

500005366185--1
-04/29/02--01034--022
****526.25 ****526.25

DOCUMENT # H37094
NAME DONNER MANAGEMENT CO., INC.
STREET ADDRESS 33 SW 2ND AVE.
CITY-ST-ZIP MIAMI FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/15/00V

Date

Daytime Phone #

305-375-9422

CR2E003 (9/01)

0000975
AV