

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009888 AT

DOCUMENT # A16636

1. Entity Name
DKH PROPERTIES, LTD.



Principal Place of Business
33 S. W. 2ND AVENUE
MIAMI FL 33140

Mailing Address
108 S. MIAMI AVE., 2ND FLOOR
MIAMI FL 33130

FILED

03 APR 22 PM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-2453846

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

04/16/2003
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 FL. 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

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

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/16/2003 305-375-9422

Date

Daytime Phone #

CR2E003 (10/02)