LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAR 11 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A22386

1. Entity Name

KODOR ASSOCIATES LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11910 Glen Mill Road	11910 Glen Mill Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Potomac, Maryland	City & State: Potomac, Maryland
Zip: 20854 Country:	Zip: 20854 Country:

DUE BY MAY 1

4. FEI Number 52-1440473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Davies, Christopher N

Street Address (P.O. Box Number is Not Acceptable): 1415 Hendry Street

City: Ft. Myers FL Zip: 33902

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
128,700.00	128,700.00	

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	Koppel, Grace A. 11910 Glen Mill Road Potomac, Maryland 20854	STREET ADDRESS CITY-ST-ZIP	700005114807--3 -03/19/02--01006--015 ****535.00 ****535.00
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CR2E003B (12/01)

STAPLE CHECK HERE

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: Grace Anne Koppel, GP 3/4/02 3400280 301-~~738-3748~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #