


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

**DOCUMENT # A26078**


1. Entity Name  
**KERR PROPERTY, LTD.**



FILED

03 MAR -5 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>9020 RANCHO DEL RIO DR., STE. #128 NEW PORT RICHEY FL 34655</b>	Mailing Address <b>9020 RANCHO DEL RIO DR., STE. #128 NEW PORT RICHEY FL 34655</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003

4. FEI Number <b>59-2883923</b>	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent

**DEEB, ALEX R.**  
**9020 RANCHO DEL RIO DRIVE, SUITE 125**  
**NEW PORT RICHEY FL 34655**

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. 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. **\$594.00**

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**

DOCUMENT #	<b>K02692</b>
NAME	<b>KERR PROPERTY, INC.</b>
STREET ADDRESS	<b>9020 RANCHO DEL RIO DR., STE. #128</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>
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	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	<b>500013541955</b>
STREET ADDRESS	<b>03/05/03 01029-007 **141.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>M THOMAS</b>
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**

Date: **2/27/03** Daytime Phone #: **(727)376-6831**

SAMPLE CHECK HERE

CR2E003 (10/02)