

2000 UNIFORM BUSINESS REPORT (UBR)

0000534 A

DOCUMENT # **A27689**

1. Entity Name
KEADS PROPERTIES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 12:59

Principal Place of Business 4070 HERSCHEL STREET JACKSONVILLE FL 32210	Mailing Address 4984 ORTEGA FOREST DR. JACKSONVILLE FL 32210-8112
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DO NOT WRITE IN THIS SPACE **MJH**

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State - Zip - - Country -
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4. FEI Number 59-2924545	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ROBISON, MARY A ESQUIRE
C/O FISHER, TOUSEY, LEAS & BALL, P.A.
1 INDEPENDENT DR., STE. 2600
JACKSONVILLE FL 32202**

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. \$738,749.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # K46384	NAME ADAMS MANAGEMENT SERVICE	STREET ADDRESS	
STREET ADDRESS 4070 HERSCHEL AVE. S-8	CITY - ST - ZIP JACKSONVILLE FL	CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	400003236054-3
STREET ADDRESS		CITY - ST - ZIP	05/03/00-01011-019
CITY - ST - ZIP			****526.25 ****526.25
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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 OF GENERAL PARTNER** **ADAMS MGMT SVCS** 4/5/2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)