

000802 AT

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28540

1. Entity Name

GEORG SCHEPELER & HANS KAHL GMBH & CO. BETEILIGU
NGS-KG LTD.

FILED

02 APR 30 PM 4:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
1717 N. BAYSHORE DR., SUITE 208
MIAMI FL 33132Mailing Address
1717 N. BAYSHORE DR., SUITE 208
MIAMI FL 33132

2. Principal Place of Business 150 Alhambra Circle Suite, Apt. #, etc. Suite 800 City & State Coral Gables, FL Zip 33134	3. Mailing Address 150 Alhambra Circle Suite, Apt. #, etc. Suite 800 City & State Coral Gables, FL Zip 33134
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DUE BY MAY 1, 2002	
4. FEI Number 98-0101200	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

S & K PROPERTY MANAGEMENT, INC.
1717 NO. BAYSHORE BLVD., SUITE 208
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name
S & K Property Management Inc.
Street Address (P.O. Box Number is Not Acceptable)
150 Alhambra Circle, Suite 800
Suite 800
City
Coral Gables FL Zip Code
33134

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 *Lidia Cartaya* Vice President 04/29/02 DATE
Signature, typed or printed name of registered agent and title if applicable. Lidia Cartaya, Vice President

9. Capital Contributions as Shown on record. \$11,000,000.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
F93000002104 GEORG SCHEPELER & HANS KAHL GMBH 1717 NO. BAYSHORE DRIIVE, SUITE #208 MIAMI FL 33132	150 Alhambra Circle, Suite 800 Coral Gables, FL 33134
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
	800005509708--5 -05/14/02--01071--031 *****8.75 *****8.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
	800005509708--5 -05/14/02--01071--032 *****526.25 *****526.25
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 REQUIRED

04/29/02 (305) 470-0955

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE