

2001 UNIFORM BUSINESS REPORT (UBR)

0012500 AF

DOCUMENT # A29550

1. Entity Name

KINCO, LTD.

FILED

01 AUG -9 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O KINCO INC.
P.O. BOX 6429
JACKSONVILLE FL 32236

Mailing Address

C/O KINCO INC.
P.O. BOX 6429
JACKSONVILLE FL 32236

2. Principal Place of Business

5245 OLD KINGS ROAD

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip Country

Zip Country

32254

4. FEI Number

62-1417715

Applied For

Not Applicable

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

KING, ROBERT F
5245 OLD KING ROAD N.
JACKSONVILLE FL 32254

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$6,547,097.33

10. Amount of Capital Contributions in FLORIDA to date.

(By LTD PMS) \$5,105,645

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 # L44136
NAME KINCO, INC.
STREET ADDRESS 5245 OLD KINGS ROAD
CITY-ST-ZIP JACKSONVILLE FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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

Kinco, Ltd. A Limited Partnership

By: Kinco, Inc., Its General Partner

By: *[Signature]* Its V.P.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/15/2001 (904) 355-1476

Date

Daytime Phone # X161

CR2E003 (1/1/00)