2002 UNIFORM BUSINESS REPORT (UBR)

	JMENT # A33 4	144					
1. Entity Name KENNEDY HOME BUILDERS, LTD.					FILED		
			02 JUL 15 PM 3: 57				
Principal Place of Business 4641 N. DIXIE HWY. BOCA RATON FL 33431 Mailing Address 4641 N. DIXIE HWY. BOCA RATON FL 33431					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
							11 111 111 111 111 111 111 111 111 111
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002		
City & Sta	ite	City & State	City & State		4. FEI Number 65-0355766 Applied For		
Zip	Country	Zip	Zip Country		5. Certificate o	f Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	<u> </u>	7. Name and Address of New Registered Agent Name				
KENNEDY, ROBERT R 4641 N. DIXIE HWY.				Street Address (P.O. Box Number is Not Acceptable)			
BOCA RATON FL 33431							
					FL Zip Code		
8. The above	e named entity submits this statemen	t for the purpose of changing i	its registere	ed office or registe	red agent, or both	in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	_			DAT	F
9. Capital Co as Shown	ontributions \$0.00	oital Contrib date.	butions	00. %	11. MAKE CHECK PAYA	BLE TO DEPT. OF STATE FOR FEE INFORMATION	
	A GENERAL PARTNER NOTE: General Partners I	R THAT IS A BUSINESS E	NTITY M	UST BE REGIS	TERED AND AC	TIVE WITH THIS OFF	IOE
12.	GENERAL PARTN	IER INFORMATION	13.	· · · · · · · · · · · · · · · · · · ·		ADDRESS CHANGES	
NAME STREET ADDRESS	KENNEDY BUILDING & DESIGN, INC.		STRE	ET ADDRESS		#=	141.25
CITY-ST-ZIP	BOCA RATON FL 33431		CiTY-	-ST-ZIP		CMB	G. 75
DOCUMENT # NAME			STREE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP			
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STREET ADDRESS CITY-ST3ZIP			CITY-	ST-ZIP			
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DOCUMENT #	, , , , , , , , , , , , , , , , , , , ,		STREE	T ADDRESS		-07/12/020 ****202.50	1013025 ****150.00
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP			
DOCUMENT#			STREE	T ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY-S	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: SIGNATURE: SIGNATURE AND VIPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Design Printed Name of Signing GENERAL PARTNER Date Design Printed Name of Signing GENERAL PARTNER							