

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010251 AT

**DOCUMENT # A94000000725**

FILED

02 MAY -1 PM 5: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

**THE 1177 KANE CONCOURSE PARTNERSHIP, LTD.**



Principal Place of Business 1177 KANE CONCOURSE, SUITE 201 BAY HARBOR ISLANDS MIAMI BEACH FL	Mailing Address 1177 KANE CONCOURSE, SUITE 201 BAY HARBOR ISLANDS MIAMI BEACH FL
---	---

2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2002	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0496329	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, CAROLYN C/O 1177 KANE CONCOURSE, INC. 1177 KANE CONCOURSE, SUITE 118 BAY HRBR IS., MIAMI BEACH FL		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$1,380,000.00</b>	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	P94000039157 1177 KANE CONCOURSE, INC. 1177 KANE CONCOURSE, SUITE 118 MIAMI BEACH FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	800005503198-5 -05/10/02--01063--010 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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]* 4/25/02 (305) 443-6622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (9/01)