

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010261 AT

DOCUMENT # A94000000725

1. Entity Name
THE 1177 KANE CONCOURSE PARTNERSHIP, LTD.



FILED
03 FEB -5 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0496329	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$1,380,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. 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 #	P94000039157	STREET ADDRESS	
NAME	1177 KANE CONCOURSE, INC.	CITY-ST-ZIP	
STREET ADDRESS	1177 KANE CONCOURSE, SUITE 118	STREET ADDRESS	900011791359
CITY-ST-ZIP	MIAMI BEACH FL	CITY-ST-ZIP	02/04/03-01082-020 **528.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

CRPF003 (10/02)

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 REQUIRED** *[Signature]* **1/28/03 (305) 443-6002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #