

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001476

1. Entity Name
PAUL C. KANAVOS INVESTMENT, LTD.



FILED

03 JUN 18 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
106 HANCOCK BRIDGE, UNIT D15-543
CAPE CORAL FL 33991

Mailing Address
106 HANCOCK BRIDGE, UNIT D15-543
CAPE CORAL FL 33991

2. Principal Place of Business

3. Mailing Address

650 MADISON AVE. 15FL

Suite, Apt. #, etc.

(Same)

DUE BY MAY 1, 2003

City & State
NEW YORK, NY

City & State

4. FEI Number 65-0535770

Applied For
Not Applicable

Zip
10022

Country
USA

Zip

Country

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

KANAVOS, PAUL C --
106 HANCOCK BRIDGE, UNIT D15-543
CAPE CORAL FL 33991

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

DATE

9. Capital Contributions
as Shown on record. \$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date: 0

11. MAKE CHECK PAYABLE TO FL. 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 # P94000076736
NAME PCK INVESTMENT CO., INC.
STREET ADDRESS 18551 NORTH TAMiami TRAIL
CITY-ST-ZIP NORTH FT. MYERS FL 33903

STREET ADDRESS

CITY-ST-ZIP

800020977828

06/18/03-01061-002 **550.00

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CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/12/03 212-407-9187

Date

Daytime Phone #

CR2E003 (10/02)

0015126 AT