

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001585**

1. Entity Name

KOCH FAMILY, LTD.

FILED

01 MAY 29 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

FILED

Principal Place of Business C/O MACLEAN AND EMA 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062	Mailing Address C/O MACLEAN AND EMA 2600 N.E. 14TH STREET CAUSEWAY POMPANO BEACH FL 33062
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0534889	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**MACLEAN, LAURA G
C/O MACLEAN AND EMA
2600 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$305,415.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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 #	NAME	STREET ADDRESS	
NAME	KOCH, EDWARD L	CITY-ST-ZIP	
STREET ADDRESS	1617 E. MC MILLAN STREET, APT. 405		
CITY-ST-ZIP	CINCINNATI OH 45206-2139		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	KOCH, JOHN E	CITY-ST-ZIP	
STREET ADDRESS	391 HUNTINGTON DRIVE		
CITY-ST-ZIP	LOVELIND OH 45142		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)