

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008862
AT

DOCUMENT # **A94000001585**

1. Entity Name

KOCH FAMILY, LTD.

02 MAR -8 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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. MCMILLAN 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			
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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: **JACK KOCH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FEB 12, 2002

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE