

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000047

1. Entity Name
KERR PLAZA, LIMITED

Principal Place of Business
12887 VALEWOOD DRIVE
NAPLES FL 34119

Mailing Address
12887 VALEWOOD DRIVE
NAPLES FL 34110-1445

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 24 AM 9:56



2. Principal Place of Business
2338 IMMOKALEE RD, #101
Suite, Apt. #, etc.

3. Mailing Address
2338 IMMOKALEE RD, #101
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34110

Country
U.S.A.

Zip
34110

Country
U.S.A.

4. FEI Number **65-0563000**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COLLINS, JAMES E
12887 VALEWOOD DRIVE
NAPLES FL 34119

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. **\$480,000.00**

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	L97000000982 KERR MANAGEMENT, LC 12887 VALEWOOD DRIVE NAPLES FL 34119	STREET ADDRESS	
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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** **3-20-00** **(941) 455-5848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)