

2001 UNIFORM BUSINESS REPORT (UBR)

0010909 AF

DOCUMENT # A95000000047

1. Entity Name
KERR PLAZA, LIMITED

FILED
01 MAY 16 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 2338 IMMOKALEE RD., #161 NAPLES FL 34110 | Mailing Address 2338 IMMOKALEE RD., #161 NAPLES FL 34110 |
|--|--|



DO NOT WRITE IN THIS SPACE



| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0563000 | Applied For <input type="checkbox"/> 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

COLLINS, JAMES E
12887 VALEWOOD DRIVE
NAPLES FL 34119
2338 IMMOKALEE RD #161
34110

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 | |
|---|--|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | L97000000982 KERR MANAGEMENT, LC 12887 VALEWOOD DRIVE NAPLES FL 34119 |
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| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | <i>2338 IMMOKALEE RD #161</i> |
| CITY-ST-ZIP | <i>NAPLES, FL 34110</i> |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 900004418839--0 |
| CITY-ST-ZIP | -06/13/01--01108--007 ***526.25 ***526.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: *5/12/01* Daytime Phone #: *941 4555848*

CR2E003 (11/00)