

2001 UNIFORM BUSINESS REPORT (UBR)

0010809 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



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 65-0563000

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

ALJH

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, JAMES E
12887 VALEWOOD DRIVE
NAPLES FL 34119
34110

2338 IMMOKALEE RD #161

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

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

(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 # L97000000982
NAME KERR MANAGEMENT, LC
STREET ADDRESS 12887 VALEWOOD DRIVE
CITY-ST-ZIP NAPLES FL 34119

STREET ADDRESS

2338 IMMOKALEE RD #161

CITY-ST-ZIP

NAPLES, FL 34110

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STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

5/12/01 941.4555848

CRE003 (11/00)