2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000047

1. Entity Name

KERR PLAZA, LIMITED

FILED
02 APR 29 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000150 71 AT

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

DUE BY MAY 1, 2002

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	7. Name and Address of New Registered Agent
COLLINS, JAMES E 12887 VALEWOOD DRIVE NAPLES FL 34119	Name Street Address (P.O. Box Number is Not Acceptable) 2338 IMMOKALEE RD, #161 City NAPLES FL Zip Code 34110

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$480,000.00		

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	STREET ADDRESS	
NAME	KERR MANAGEMENT, LC	CITY-ST-ZIP	600005181276--7 -05/07/02--01056--031 ****526.25 ****526.25
STREET ADDRESS	2338 IMMOKALEE RD., #161		
CITY-ST-ZIP	NAPLES FL 34110		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 REQUIRED General Partner 4/25/02 941 455 5848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/01)