


2001 UNIFORM BUSINESS REPORT (UBR)

01590000

DOCUMENT # A95000002051
 1. Entity Name
 KSMLS, LTD.

FILED
 01 JAN 24 AM 10:54
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 7508 APPALACHIAN LANE
 PARKLAND FL 33067

Mailing Address
 7508 APPALACHIAN LANE
 PARKLAND FL 33067

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0632025** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FOSTER, KENFORD
 7508 APPALACHIAN LANE
 PARKLAND FL 33067

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. **\$1,000,000.00**

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
	FOSTER, KENFORD	7508 APPALACHIAN LANE	PARKLAND FL 33067

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP

200003602442--8
-01/30/01--01114--002
******526.25 ****526.25**

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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **1/12/01** Daytime Phone #: **(954) 345-4306**

KENFORD FOSTER

CR2E003 (11/00)