

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000000110
 1. Entity Name
FOG KENNEDY LIMITED

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 1745 WEST FLETCHER AVENUE 1745 WEST FLETCHER AVENUE
 TAMPA FL 33612 TAMPA FL 33612-1820

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 Applied For
59-3354662 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DIAMANDIS, JOHN T
C/O RUDNICK & WOLFE
101 E. KENNEDY BLVD., STE. 2000
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name **Michael P. Rice**
 Street Address (P.O. Box Number is Not Acceptable)
1745 W. Fletcher
 City **Tampa** FL Zip Code **33612**

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 **Michael P. Rice** *Michael P. Rice* DATE **4-17-00**
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. \$99.00 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 #	P93000006228
NAME	DURBNECK, INC.
STREET ADDRESS	1745 WEST FLETCHER AVENUE
CITY - ST - ZIP	TAMPA FL 33612
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	300003293443--9
CITY - ST - ZIP	-05/16/00--01014--011
STREET ADDRESS	***150.00 ***150.00
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: *Michael P. Rice* **QUINN MICHAEL RICE** DATE **4-17-00** 813-968-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)