


2001 UNIFORM BUSINESS REPORT (UBR)

0001999 AT

DOCUMENT # A96000000195
 1. Entity Name
KATANA LIMITED PARTNERSHIP

FILED
 01 JUL 10 AM 8:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
**P.O. BOX 353730
 PALM COAST FL 32135**

Mailing Address
**P.O. BOX 353730
 PALM COAST FL 32135**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

DUE BY SEPTEMBER 26, 2001

City & State

4. FEI Number **59-3361781**
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
ECKER, EDWARD
5 CHERRY CT
PALM COAST FL 32137

7. Name and Address of New Registered Agent
 Name **ECKER EDWARD**
 Street Address (P.O. Box Number is Not Acceptable)
115 ANCHORAGE DR.
 City **FLAGLER BEACH FL** Zip Code **32136**

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 EDWARD ECKER *Edward Ecker* 7/9/01
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. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 1000.00**

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	ECKER, EDWARD
STREET ADDRESS	P.O. BOX 353730 N/A
CITY-ST-ZIP	PALM COAST FL 32135
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	300004488543--9
STREET ADDRESS	-07/20/01--01110--019
CITY-ST-ZIP	****541.25 ****541.25
STREET ADDRESS	
CITY-ST-ZIP	
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: *Edward Ecker* **SIGNATURE REQUIRED EDWARD ECKER** 7/9/01 386439 1776
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (5/01)