

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001304

1. Entity Name

KHAMBHATI FAMILY LIMITED PARTNERSHIP

Principal Place of Business

2135 S. CONGRESS AVENUE, STE. 3A
WEST PALM BEACH FL 33406

Mailing Address

2135 S. CONGRESS AVENUE, STE. 3A
WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FILED

02 APR 23 AM 10:31

LF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0682514

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

Name

PERLIN, BRIAN C
201 ALHAMBRA CIRCLE SUITE 503
SUITE 503
CORAL GABLES FL 33134

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

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

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 # P96000054010
NAME KHAMBHATI INVESTMENTS, INC.
STREET ADDRESS 2135 S. CONGRESS AVENUE, SUITE 3A
CITY-ST-ZIP WEST PALM BEACH FL 33406

STREET ADDRESS

CITY-ST-ZIP

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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:

04/12/02 (561) 642-0307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

001619