

2002 UNIFORM BUSINESS REPORT (UBR)

00069890
AT

DOCUMENT # A96000001814

1. Entity Name
KB PROPERTY OF NORTHWEST FLORIDA, LTD.

FILED
02 MAY 15 PM 2:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJM

Principal Place of Business Mailing Address

**8224 PANAMA CITY BCH. PKWY.
UNIT 178
PANAMA CITY BCH. FL 32407**

**P.O. BOX 9275
PANAMA CITY BEACH FL 32417**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

8/15

DUE BY MAY 1, 2002

4. FEI Number **59-3404115** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENNETT, GERALD
104 MICHELLE CT
PANAMA CITY BCH. FL 32417**

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 *Gerald Bennett* *5-1-02* DATE

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$400.00** 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	BENNETT, GERALD
STREET ADDRESS	104 MICHELLE CT
CITY-ST-ZIP	PANAMA CITY BCH. FL 32417
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	
STREET ADDRESS	500005664195--9
CITY-ST-ZIP	-06/03/02--01024--010 ***141.25 ***141.25
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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: *Gerald Bennett* *5-1-02* DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER