## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A96000002140 DOCUMENT #

NNK INVESTMENTS, LTD.

Principal Place of Business 8950 N.W. 33RD STREET

2. Principal Place of Business

Suite, Apt. #, etc.

KASSAMAI, NASIR

**MIAMI FL 33172** 

8950 N.W. 33RD STREET

City & State

Zip

MIAMI FL 33172

Mailing Address 8950 N.W. 33RD STREET MIAMI FL 33172

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

APPROVEL AND

03 HAR 24 AM 9: 33

SECRETARY OF STATE TALL AHASSEE, FLORIDA

<del>-</del>					
	DUE BY MAY 1, 20	DUE BY MAY 1, 2003			
	4. FEI Number 65-0720106	Applied For			
	03 0720100	Not Applicable			
/		\$8.75 Additional Fee Required			
	7. Name and Address of New Registered A	gent			
Name					
Street Addre	ess (P.O. Box Number is Not Acceptable)	<del></del>			

		City	FL	Zip Code
8.	The above named entity submits this statement for the purpose of changing its registere	ed office or registered agent, or both	, in the State of Florida. I am fa	amiliar with, and accept
	the obligations of registered agent			

Country

Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions

as Shown on record.

\$514,208.12

Country

6. Name and Address of Current Registered Agent

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	P96000080224 WESTPOINTE 8, INC.	STREET ADDRESS	,
STREET ADDRESS CITY-ST-ZIP	8950 N.W. 33RD STREET MIAMI FL 33172	CITY-ST-ZIP	100014561191
DOCUMENT # NAME		STREET ADDRESS	100014561191 03/24/0301094010 **526. <b>2</b> 5
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	·	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	·
DOCUMENT # NAME	·	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		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: