## 2000 UNIFORM BUSINESS REPORT (UBR) A97000000240 DOCUMENT # 1. Entity Name FII ED THE KELL GROUP, LTD. 00 JAN 31 PM 1: 11 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA ONE SE THIRD AVE., 15TH FLOOR ONE SE THIRD AVE., 15TH FLOOR MIAMI FL 33131 MIAMI FL 33131-1700 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0735558 ا المشارية Not A Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAZAM, INC. Street Address (P.O. Box Number is Not Acceptable) ONE SE THIRD AVE., 15TH FLOOR **MIAMI FL 33131** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$126,666.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS MID-PASCO DEVELOPMENT, INC. NAME 3004 RHETT COURT STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33618** 600003121826--0 -02/03/00--01009--018 CITY-ST-ZIP P97000007239 DOCUMENT# STREET ADDRESS \*\*\*\*526.25 \*\*\*\*526.25 SAZAM, INC. NAME ONE SE THIRD AVE., 15TH FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP K23116 DOCUMENT# STREET ADDRESS TEAMKAR DEVELOPMENT CORPORATION NAMÈ 10012 FOUNTAIN COURT STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34654** CITY-ST-ZIP DOCUMENT **#** STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-782 DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-74P CITY-ST-70P 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 SANFUROB. MIST, PRESIDENT

QISTERRI, TNC - GENERAL PARTHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER