2002 UNIFORM BUSINES REPORT/UDOOO 893

A9700001893 DOCUMENT # FILED KATEMAND FAMILY LIMITED PARTNERSHIP 02 APR 29 PM 5: 34 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 3534 SWANS LANDING 3534 SWANS LANDING LAND O'LAKES FL 34639 LAND O'LAKES FL 34639 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 59-3466439 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HULL, KURT H Street Address (P.O. Box Number is Not Acceptable) 3534 SWANS LANDING LAND O'LAKES FL 34639 City 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. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE \$540,000.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY (9/01) DOCUMENT # STREET ADDRESS HULL, KURT H 3534 SWANS LANDING STREET ADDRESS CR2E003 CITY-ST-7IP 100005482471--8 -05/07/02--01090--013 CITY-ST-ZIP LAND O'LAKES FL 34639 DOCUMENT # STREET ADDRESS ****476.25 ****476.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 100005482471-CITY-ST-ZIP -05/07/02--01090--014 CITY-ST-7IP *****50.00 ****50.00 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET AGORESS CITY-ST-7IP CITY-ST-ZIP

14. I pereby certify that the information supplied with this filling 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: .

SIGNATURE

4/23/02 813(909-9644)

Daving Phone #