

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

DOCUMENT # **A98000000023**

1. Entity Name

KAI PROPERTIES, LTD.

02 APR 25 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 BRICKELL AVENUE

3. Mailing Address

1000 BRICKELL AVENUE

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

DUE BY MAY 1

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0804976

Applied For

Not Applicable

Zip

33131

Country

Zip

33131

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

RENTZ, R. LARRY

Street Address (P.O. Box Number is Not Acceptable)

1000 BRICKELL AVENUE, SUITE 1200

City

MIAMI

FL

Zip Code

33131

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.

\$1,000.00

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

DOCUMENT # **P97000108451**
NAME **KAI PROPERTIES INVESTORS, INC.**
STREET ADDRESS **1000 BRICKELL AVENUE, SUITE 1200**
CITY-ST-ZIP **MIAMI FL 33131**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

M. NOEL CONNORS, TREASURER OF THE GENERAL PARTNER

4/22/02

Date

305-358-1000

Daytime Phone #

004E003B (12/01)