

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001003

1. Entity Name

KENT'SINGTON LIMITED

Principal Place of Business

2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

Mailing Address

2033 MAIN STREET, SUITE 600
SARASOTA FL 34237

01

FILED
MAR 16 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0835696

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PFLUGNER, J. GEOFFREY ESQ.
2033 MAIN STREET, SUITE 101
SARASOTA FL 34237

Name

JANA HAMILTON

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

2201 CANTU CT #118

City

SARASOTA

FL

Zip Code
34232

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

Michael Kent

JANA HAMILTON

2/23/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$725,000.00

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

13.

ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

P98000036859
MG COLORADO CO.
2033 MAIN STREET, SUITE 101
SARASOTA FL 34237

STREET ADDRESS

2033 Main Street, Suite 600

CITY-ST-ZIP

400003889094--9

-03/20/01-01112-001
****526.25 ****526.25

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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: *Michael Kent* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/7/01

941-378-7000

Date

Daytime Phone #

011418 AF

CR2E003 (11/00)