

2002 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**

APPROVED
AND
FILED

02 APR 15 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
2201 CANTU COURT

3. Mailing Address
2201 CANTU COURT

Suite, Apt. #, etc.
#118

Suite, Apt. #, etc.
#118

City & State
SARASOTA, FL

City & State
SARASOTA, FL

Zip
34232

Zip
34232

DUE BY MAY 1, 2002

4. FEI Number
65-0835696

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAMILTON, JANA
2201 CANTU COURT, #118
SARASOTA FL 34232**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

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

DOCUMENT # **P98000036859**
NAME **MG COLORADO CO.**
STREET ADDRESS **2033 MAIN STREET, SUITE 600**
CITY-ST-ZIP **SARASOTA FL 34237**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/8/02 (941) 378-2000

Date Daytime Phone #

0015644
AT

CR2E003 (9/01)