2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # A9800001876 1. Entity Name KNARF 1489, LiD. | | | | | | | SECRETARY OF STATE DIVISION OF CORPORATIONS | | | |
|---|---|---------------------|---------------------|---------|---------------------------|---|--|--------------------------|---------------------------------------|---|
| Principal Place of Business 1900 NW CORPORATE BLVD SUITE 100 WEST BUILDING BOCA RATON FL 33431 Mailing Address 1900 NW CORPORATE BLVD SUITE 100 WEST BUILDING BOCA RATON FL 33431-8502 | | | | | | | 10 MAR - 1 ' | | | |
| 2. Principal P | | | | | 1819 18191 18171 88711 87 | THE BUILT BUILT B | OTSK ITSO T SOMIN SENSER WHIT SOUT | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | | City & State | | | 4. FEI Number | 65-0855560 |) | Applied For Not Applicable | |
| Zip | Country | | Zip | Country | | | 5. Certificate of | f Status Desired | | \$8.75 Additional Fee Required |
| WEST BUI BOCA RA | LLOYD CORPORATE BLV ILDING TON FL 33431 | VD., SUITE 100 | | llin | oin, F o were gton | PANK Solve Not Acceptable Of Ton In the State of Flo | L. Teace FL | - 1 | | |
| SIGNATURE Signature, typed or printed transe of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| 9. Capital Contributions as Shown on record. 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. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | P9800067735 KNARF 1489, INC. 1900 NW CORPORATE BLVD., SUITE 100 BOCA RATON FL 33431 | | | | ET ADDRESS -ST-ZIP | J: | 3860 Unato | Welling N, FL | ANGES ONL | Teace,#20 2414 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | 3/13/w | | | | ET ADORESS - ST-ZIP | | <u> </u> | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | | -ST-ZIP | | 50 | 00003 -03/14 ****1 | /∭ | 3058 1117-811 ****141.25 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | | | | EET ADDRESS - ST - ZIP | | | | · · · · · · · · · · · · · · · · · · · | |
| DOCUMENT # NAME STREET ADDRESS COM - ST - ZIP | | _ | | İ | EET ADDRESS - ST - ZBP | | | | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | | | ET ADDRESS -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 REQUIREUNK L. Rubin 1/81/00 561-323-5255 | | | | | | | | | | |