2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A98000002333

Entity Name
 THE KESTER FAMILY LIMITED PARTNERSHIP



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THE RESTER FAMILE FAITHERSTIII		03 APR 30 AM 5: 34		
Principal Place of Business 8400 N.W. 26TH DRIVE CORAL SPRINGS FL 33065	Mailing Address 8400 N.W. 26TH DRIVE CORAL SPRINGS FL 33065		SECRETARY OF STATE TALLAHASSEE FLORID.	A MJH
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Principal Place of Business 3. Mailing Address			Uろも	00110 11000 111 05 11160 1111 1501
Suite, Apt. #, etc. Suite, Apt. #, etc.			DU BY MAY 1, 2003	
City & State City & State			4. FEI Number 65-0869077 Applied For Not Applicable	
Zip Country	Zip Coui	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current R	legistered Agent		7. Name and Address of New Registered	
KESTER, RICHARD		Name		
8400 N.W. 26TH DRIVE		Street Address (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33065				
		City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or regi		lred office or registere		
the obligations of registered agents of the DD Discillator West DD Williams				
SIGNATURE KUNUMY LOW, GT RICHTRD KESTER OF 4/25/300-				125/2003
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STA SEI: 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		
DOCUMENT # NAME KESTER, RICHARD		REET ADDRESS		
STREET ADDRESS 8400 N.W. 26TH DRIVE COPAL SPRINGS FL 33065	cin	Y-ST-ZIP	- 04/30/0301120005	**141_25
DOCUMENT # NAME	STR	IEET ADDRESS	0000176199: 04/30/0301120005	80 **141.25
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the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

19.07(3)(f), Florida Statutes. Further certify that it 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:

STAPLE CHECK HEHE