## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#** A99000000311 1. Entity Name R.B. KEMPFER FAMILY LIMITED PARTNERSHIP Principal Place of Business 601 EAST PALMETTO AVENUE Mailing Address 03 MAR -3 AM 11: 32 601 EAST PALMETTO AVENUE ATTN: RICHARD H. KEMPFER ATTN: RICHARD H. KEMPFER MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 59-3561863 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NASH, CHARLES IAN 930 SOUTH HARBOR CITY BLVD., SUITE 505 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32901 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$2,000,000.00 520 as Shown on record. in FLORIDA to date. 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 P99000005654 DOCUMENT # STREET ADDRESS R.B. KEMPFER ENTERPRISES, INC. NAME **601 EAST PALMETTO AVENUE** STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP **400013344204** 03/03/03--01080--011 \*\*526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP M THOMAS DOCUMENT # STREET ADDRESS NAME STREET ADDRESS el ale CITY-ST-ZIP 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 SIGNAY OF MERAL PARTNER

2-26-2003 407-957-885

CR2E003 (10/02)