2002 UNIFORM BUSINESS REPORT (UBR)

000470 AI

DOCUMENT # A99000000568

1. Entity Name

NEKIYAH, LTD

FILED

02 MAY 10 AM 8:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
~~8282 WESTERN WAY CIRCLE, SUITE 1209~~ ~~JACKSONVILLE FL 32257~~	~~8282 WESTERN WAY CIRCLE, SUITE 1209~~ ~~JACKSONVILLE FL 32257~~

2. Principal Place of Business	3. Mailing Address
9000 Cypress Green Drive	9000 Cypress Green Drive
Suite, Apt. #, etc.: Suite 102-B	Suite, Apt. #, etc.: Suite 102-B
City & State: Jacksonville Florida	City & State: Jacksonville Florida
Zip: 32256-5507 Country: USA	Zip: 32256-5507 Country: USA

DUE BY MAY 1, 2002

4. FEI Number 59-3574967 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BRANT MOORE MACDONALD & WELLS, P.A.~~ ~~50 N LAURA STREET, SUITE 3100~~ ~~JACKSONVILLE FL 32202~~	Name: Maiman, Leonardo J., Esq. Street Address (P.O. Box Number is Not Acceptable): 50 N. Laura Street Suite 2500 City: Jacksonville FL Zip Code: 32202

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 Leonardo J. Maiman DATE 03-06-02

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

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
$1,000.00		

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 #	P99000031752	STREET ADDRESS	9000 Cypress Green Drive Suite 102-B
NAME	CENTURY 21 CAR WASH OF MANDARIN, INC.	CITY-ST-ZIP	Jacksonville FL 32256
STREET ADDRESS	~~8282 WESTERN WAY CIRCLE, SUITE 1209~~		
CITY-ST-ZIP	JACKSONVILLE FL ~~32257~~		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	800005638328--6
STREET ADDRESS			-05/29/02--01060--015
CITY-ST-ZIP			****141.25 ****141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

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 20 March 02 (904) 733-4490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #