

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001069**

1. Entity Name **TWO RIVERS PARTNERS, LLLP.** #11723-1

Principal Place of Business
**5252 SOUTH TAMiami TRAIL
SARASOTA FL 34231**

Mailing Address
**5252 SOUTH TAMiami TRAIL
SARASOTA FL 34231**

APPROVED
AND
FILED

02 APR 29 PM 4: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|--------------------------------|---------|---------------------|---------|------------------------------------------------------------------------------------------|-------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | DUE BY MAY 1, 2002 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0932659 | Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---------------------------------------------------------------------------------------|--|----------------------------------------------------|----|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| KALIN, EDWARD L 5252 SOUTH TAMiami TRAIL SARASOTA FL 34231 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | |
| | | City | FL |

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

| | | |
|------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 9. Capital Contributions as Shown on record. \$168,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. \$168,000.00 | 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 | | 13. ADDRESS CHANGES ONLY | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------|------------------------------|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | 163662 KALIN ENTERPRISES, INC. 5252 SOUTH TAMiami TRAIL SARASOTA FL 34231 | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | 500005502395--1 |
| | | CITY-ST-ZIP | -05/10/02--01036--003 |
| | | | ****526.25 ****526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
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| | | 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: *Edward L. Kalin* **Edward L. Kalin, Director of Kalin Enterprises, Inc.,**
Florida corporation 4/12/02 (941) 366-6660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0015462 AT

CR2E003 (9/01)

STAPLE CHECK HERE