2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

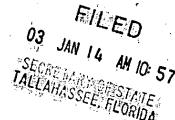
## DOCUMENT # A9900001159

1. Entity Name

KURLAND HOLDINGS LIMITED PARTNERSHIP



Principal Place of Business C/O GARY R. GERSON Mailing Address C/O GARY R. GERSON 666 SEVENTY-FIRST STREET 666 SEVENTY-FIRST STREET MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 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 65-0934589 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERSON, GARY R 666 SEVENTY-FIRST STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33141 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions \$5,000,000.00 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. in FLORIDA to date. 2700000 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 P99000062573 DOCUMENT # KURLAND HOLDINGS, INC. STREET ADDRESS 400010081074 666 SEVENTY-FIRST STRFFT STREET ADDRESS 01/14/03--01066--006 \*\*526,25 CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS



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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SUNCTUME RESIDED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/2003

<del>\_\_\_\_\_</del>\_\_

CR2E003 (10/02)