2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A9900001222				FILED			
KCDR, LTD.				02 FEB -7 AM 8: 08			₹
,				SECR	ETARY OF STATE HASSEE, FLORID		
Principal Place of Business Mailing Address 340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH FL 33480 PALM BEACH FL 33480			.,] TALLA	HASSEE, FLORID,	A	
			TE 305				
PALM DENOTT IE SOMO	TALM DENOTITE SOTOS			1 (0.076) (10)	8 (8118 1 8 11) 8813 8831 8831 8811 8811	#3107 ((310 SIGN)(310 SIE) (02)	
	Lo Madina Address						
2. Principal Place of Business 3. Mailing Address			4.49.4				_
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2002			
City & State City & State		-	·- <u>-</u>	4. FEI Number	65-0935980	Applied For Not Applicable	_
Zip Country	Zip Cour		ntry	5 Cartificate of Status Desired \$8.75 Additional		7	
6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and Ac	dress of New Registered	Fee Required Agent	_
			Name				
PORGES, GREGORY J HARLLEE PORGES HAMLIN KNOWLES			Street Address ((P.O. Box Number is Not Acceptable)			7
1205 MANATEE AVENUE WEST							7
BRADENTON FL 34205			City		FI	Zip Code	1
The above named entity submits this statement for	or the purpose of changing its	register	ed office or register	red agent, or both,			-
				•			
SIGNATURE Signature, typed or printed name of registered agent.	and title if applicable.	-	· -	 .	DATE		
9. Capital Contributions as Shown on record. \$22,275,000.00 in FLORIDA to date.			butions		11. MAKE CHECK PAYABI SEE REVERSE SIDE F	E TO DEPT. OF STATE OR FEE INFORMATION	
A GENERAL PARTNER T	THAT IS A BUSINESS EN	ITITY N	UST BE REGIS	TERED AND AC	TIVE WITH THIS OFFIC	CE.	
NOTE: General Partners MA 12. GENERAL PARTNER		13.		int illust be lileu	ADDRESS CHANGES OF		╛
LO2231	1 = 1 =		EET ADDRESS				(9/01
REET ADDRESS SKO PROPERTIES, INC. 340 ROYAL POINCIANA WAY, SUITE 305		CID	CITY-ST-ZIP				CR2E003 (9/01)
CITY-ST-ZIP PALM BEACH FL 33480							18
DOCUMENT # NAME		STR	EET ADDRESS				
t adoress St-zip		CITY	Y-ST-ZIP		0004919	7888	
DOCUMENT #				TY-ST-ZIP			
NAME Street Address			-		- Industry Control		-
CITY-ST-ZIP		CITY	Y-ST-ZIP				_
DOCUMENT #		STR	REET ADDRESS				
NAME STREET ADDRESS		CIT	Y-ST-ZIP	·· <u></u>	·		7
CITY-ST-ZIP							-
DOCUMENT #		STR	REET ADDRESS				4
STREET ADDRESS CITY-ST-ZIP ;		CIT	Y-ST-ZIP				
DOCUMENT #		STR	REET ADDRESS				1
NAME STREET ADDRESS			<u> </u>				+
CITY-ST-ZIP			Y-ST-ZIP				_
14. I hereby certify that the information supplied with indicated on this report is true and accurate and the receiver or trustee empowered to execute th	i that my signature shall have	the sam	ne legal ettect as it (ection 119.07(3)(i), made under oath; th	Florida Statutes. I further co nat I am a General Partner o	ertify that the information of the limited partnership of	of .

1 17 02 Date

561-433-1350 Daytime Phone #