

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002075

1. Entity Name

2401 KENNEDY LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR -7 AM 10:11

Principal Place of Business

Mailing Address

2515¹⁶¹ Simms Boulevard
Tampa, Florida 33609

2515 Simms Boulevard
Tampa, Florida 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3610278

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

James P. Hines, Esq.
c/o Hines Norman & Associates, P.L.
315 S. Hyde Park Avenue
Tampa, Florida 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. **\$2,000,000**

10. Amount of Capital Contributions

in FLORIDA to date. **\$1,200,000**

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 # G99343900230
NAME 2401 Kennedy Irrevocable Trust
STREET ADDRESS 2515 Simms Boulevard
CITY-ST-ZIP Tampa, Florida 33609

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS

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

Anthony J. Martino, Trustee

SIGNATURE:

Anthony J. Martino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-28-00

Date

8138765760

Daytime Phone #

CR2E003 (9/99)