

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A9900000 2075**

1. Entity Name
2401 Kennedy Limited

APPROVED AND FILED
02 JUN 13 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
1 Block Morrison
Between Howard
South on MacDill
to Morrison go left
1st left
Spring

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2515 Simms Blvd.

3. Mailing Address

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

59-7165710

Not Applicable

Tampa, FL

Zip
33609

Country
Hillsborough

Zip
33609

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
James P. Hines

Street Address (P.O. Box Number is Not Acceptable)
315 So. Hyde Park

City
Tampa

FL

Zip Code
33609

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.

DATE

9. Capital Contributions
as Shown on record **\$2,000,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

**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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**2401 Kennedy Irrevocable Tr
2515 Simms Blvd
Tampa, FL 33609**

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STREET ADDRESS

CITY-ST-ZIP

900005824209

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Anthony J. Hastings, LTD, TEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)