

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A99000002176

**1. Entity Name**  
KRW PROPERTIES, LTD.

FILED

00 MAY 22 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
1375 West Hillsboro Boulevard  
Deerfield Beach, Florida 33442

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**

**Zip**      **Country**      **Zip**      **Country**

**4. FEI Number** 65-0970835      **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
LARRY W. ANDERSON  
1375 West Hillsboro Boulevard  
Deerfield Beach, Florida 33442

**7. Name and Address of New Registered Agent**

**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** *per affidavit filed 12/21/99*      **DATE**

**9. Capital Contributions** \$500,000.00 **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

KRW L.L.C.  
1375 West Hillsboro Blvd.  
Deerfield Beach FL 33442

**13. ADDRESS CHANGES ONLY**

**STREET ADDRESS** **CITY-ST-ZIP**

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**STREET ADDRESS** **CITY-ST-ZIP**

**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**

**SIGNATURE:** *[Signature]*      **4-12-00**      **(954) 421-7888**

**MANAGING MEMBER OF** **DATE**      **DAYTIME PHONE #**

CR2E003 (9/99)



May 15, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: KRW Properties, Ltd.  
Ref. #A99000002176

Dear Sir/Madam:

Enclosed please find the completed 2000 Uniform Business Report along with the check made payable to Department of State for \$535.00. I have also enclosed a copy of the Affidavit of Capital Contributions for Florida Limited Partnership for KRW Properties, Ltd. recorded on December 21, 1999. The Affidavit states that the amount anticipated to be contributed totals \$500,000.00, therefore we are resubmitting the enclosed form and check for processing.

Should you have any questions or comments, please do not hesitate to contact the undersigned.

Sincerely,

A handwritten signature in black ink that reads "Sharon Estok". The signature is written in a cursive, flowing style.

Sharon Estok  
Assistant

Enclosures