2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000161

1. Entity Name

KIMC INVESTMENTS, L.P.

Principal Place of Business	Mailing Address
777 S. FLAGLER DRIVE SUITE 300E WEST PALM BEACH FL 33401	777 S. FLAGLER DRIVE SUITE 300E WEST PALM BEACH FL 33401

2. Principal Place of Business 2909 Embassy Drive

Suite, Apt. #, etc.

City & State west Palm Beach, FL

Zip 33401 Country USA

3. Mailing Address 2909 Embassy Drive

Suite, Apt. #, etc.

City & State west Palm Beach, FL

Zip 33401 Country USA

DUE BY MAY 1, 2002

4. FEI Number 65-1004791

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

SCHWARZBER, STEVEN L ESQ
777 S. FLAGLER DRIVE
SUITE 300E
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name STEVEN L. SChwarzberg ESQ.

Street Address (P.O. Box Number is Not Acceptable) 2909 Embassy Drive

City west Palm Beach FL Zip Code 33401

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. **$50,000.00**

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	13. ADDRESS CHANGES ONLY
DOCUMENT # F99000004547 NAME KANN INSTITUTE FOR MEDICAL CAREERS, INC. STREET ADDRESS 777 S. FLAGLER DRIVE CITY-ST-ZIP WEST PALM BEACH FL 33401	STREET ADDRESS 2909 Embassy Drive CITY-ST-ZIP west Palm Beach, FL 33401
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CR2E003 (9/01)

STAPLE CHECK HERE

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: _Deborah Kann Schugbee_ Pres. of GP 2/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #