

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED
B01000000216
FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 27 PM 3:35

DOCUMENT # B01000000216

1. Name of Limited Partnership

KHS&S of Concord Limited Partnership

2. Principal Office Address

502 East John Street

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Carson City, NV

City & State

Zip

89706

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Steven E. Ehrlich

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

3915 Riga Blvd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

4. Date Formed or Registered
To Do Business in Florida

06-20-01

5. FEI Number

88-0412406

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7a. Capital Contributions as shown on Record:

-0-

7b. Amount of Capital Contributions in FLORIDA to date:

-0-

FEES:

1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is due.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

KHS&S of Concord, LLC

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

502 East John St.

City, State and Zip Code

Carson City, NV 89706

10a. Registration
Document Number

M01000001396

2003 PF - \$500.00

2003 FF - 141.25

2004 PF - N/A

2004 FF - 141.25

US 9.75

Total - \$791.25

200030119602
03/03/04--01056--017 **791.25
\$791.25

REINSTATEMENT 2003-2004

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

David A. Stowell

DATE December 3, 2003

David A. Stowell, Chairman/CEO of Keenan, Hopkins, Schmidt & Stowell
Contractors, Inc. Sole Managing Member of

Typed or Printed Name of General Partner Signing Form phone Number (813) 628-9330