2002	UNIFORM	<b>SUSINESS</b>	REPORT	(UBR)

DOCUMENT # B9200000020  1. Entity Name  ORIOLE HOLDINGS, L.P., LTD.				\$	4	ILEO RY OF STATE CORPORATION	Lacy	4	291 AI
					DIVISION OF	CORPORATION	<b>3</b>		•
Principal Place of Business Mailing Address  ** CORPORATION SERVICE COMPANY				TE 1200	O2 APR -3 AM 10: 17				1
Principal Place of Business     3. Mailing Address				- I TROUTH TOUR SOUR KIRK BOKE BOKE BOKE BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002					
City & State	9	City & State		4. FEI Number	13-3686021		Applied For Not Applicable		
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Regis	stered Agent		
				Name	_ ~~		-	~ •	٠.
	ATION SERVICE COMPANY			Street Address	(P.O. Box Number	is Not Acceptable)			€ <del></del>
	'S STREET								
TALLAHASSEE FL 32301			City	<u> </u>		FL Zip	Code		
8. The above	named entity submits this statement fo	or the purpose of changing its	register	ed office or registe	red agent, or both,	in the State of Florida			
SIGNATURE	Signature, typed or printed name of registered agent	and title if analigable				<u>.</u>	DATE		
9. Capital Cor			al Contri	butions		11. MAKE CHECK P		T. OF STATE	
as Shown o	on record.	10. Amount of Capit in FLORIDA to d	ate. 🖏	1805,540	0,00	7 27 11 11	SIDE FOR FEE IN	IFORMATION	
	A GENERAL PARTNER T NOTE: General Partners MA	THAT IS A BUSINESS EN NY NOT be changed on t	ITITY M he form	IUST BE REGIS 1: an amendmei	TERED AND AC	TIVE WITH THIS (	OFFICE. rai partner.		
12,	GENERAL PARTNER		13.	·,		ADDRESS CHANG			
DOCUMENT #	P41118		CTD	EET ADDRESS					<u>6</u>
NAME STREET ADDRESS CITY-ST-ZIP	KT MANAGEMENT CORP. C/O MAX-PLANCK-STRASSE 8, I WALLDORF/BADEN, GERMANY	D-6909		'-ST-ZIP					CR2E003 (9/01)
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NAME STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP	<u>'a-l</u>	-04/01/0 +***526	<del>7756</del> )201013 :-25 ***	5-3- 001 *526-25	
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indicated	certify that the information supplied with on this report is true and accurate and er or trustee empowered to execute th	l that my signature shall have	the sam	e legal effect as if i	ection 119.07(3)(i), made under oath; t	Florida Statutes. I furt hat I am a General Pa	ther certify that t artner of the limit	he information ed partnership or	

STAPLE CHECK HERE

Z/11/02