

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000531**

1. Entity Name
AKD-KDO PARTNERS II, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -4 PM 1:22

Principal Place of Business
910 LOUISIANA
HOUSTON TX 77002-4995

Mailing Address
P.O. BOX 19366
JACKSONVILLE FL 32245-9366



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3465848** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$3,804,570.00** 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 # **F97000005277**
NAME **AKD-KDO, INC.**
STREET ADDRESS **4310 PABLO OAKS CT.**
CITY - ST - ZIP **JACKSONVILLE FL 32224**

STREET ADDRESS
CITY - ST - ZIP
900003128629--8
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Susan C. Thorne* **SIGNATURE REQUIRED** Susan C. Thorne 1-17-00 904/223-7480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #