

2002 UNIFORM BUSINESS REPORT (UBR)

0006361 AT

LF

FILED

02 APR 24 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # B97000000531

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

Principal Place of Business
910 LOUISIANA
HOUSTON TX 77002-4995

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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 _____ 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

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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: *Susan C. Thorne* SUSAN C. THORNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/02

(904) 223-7480

Date Daytime Phone #

CR2E003 (9/01)