2000 UNIFORM BUSINESS REPORT (UBR)

KIMCO WEST MELBORNE 668, INC. Comparison of Place of Business Mailing Address	DOCUMENT # P98000013843 1. Entity Name								FILE	U.	e 1	
Principal Place of Business	•						SHERE JARY OF STAFE * VISION OF CORPORATIONS					
Mailing Address Mailing Address WHITE PARK NO 1042020 2. Principal Flace of Susiness Susio, Apt. 8, etc. Susio, Apt. 8, etc. City & State												
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Zip Country Zip Country S. Certificate of Stratus Desired Set Set 375 Additional Professional Pr	Suite, Apt.	#, etc.	Suite, Apt. #, etc.									
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH RINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Codd City FL Zip Codd City FL Zip Codd Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature short or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or printer neror if registered agent, or both, in the State of Florida. Signature, short or both, in the State of Florida. Signature, short or both, in the State of Florida. Signature, short or both, in the State of Florida. Signature, short or both, in the State of Florida. Signature, short or both, in the State of Florida. Signature, short or both, in t	City & State	э	City & State			4. F	El Number	58-2374863				
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its reg stered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered agent. 9. This corporation is eligible to satisfy its intangble in above named registered agent. 9. This corporation is eligible to satisfy its intangble in above named registered agent. 10. Election Campaign Financing from financing from financing from financing from financing from financing financing from financing fro		6. Name and Address of Current	Registered Agent			7. N	lame and Add	ress of New Reg				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax Mingr requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee w					Name							
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 jurised name of registered agent and too if applicable (NOTE: Negatives depict a					Street Add	dress (P.O. B	P.O. Box Number is Not Acceptable)					
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SIGNATURE Signature, spead or prired reare of registered agent and litie it applicable. (NOTE Registered Agent signature required when rendaturing) DATE					City FL Zip Code							
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			this fling does not qualify for			d in Section	119.07(3)(i), Flo	orida Statutes. I fu	rther certif	y that the in	formation	

indicated on this report or supplemental report is fue and accurate any final my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE

Mike Pappagall

2/2/00

(516) 869-7238

Daytime Phone #