

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001416

1. Entity Name
AMKBJ PARTNERS, LTD. LLLP

FILED

01 JAN 17 PM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**7457 PARK LANE
LAKE WORTH FL 33467**

Mailing Address
**7457 PARK LANE
LAKE WORTH FL 33467**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0952578**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**CLOYD, MICHELLE
7457 PARK LANE
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent
*Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

B. 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 _____

9. Capital Contributions as Shown on record. ~~\$6,166,000.00~~ **3,083,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,083,000.00**

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 | |
|---|--|
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | P99000051302 AMKBJ, INC. 7457 PARK LANE LAKE WORTH FL 33467 |
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| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | 400003582244--0 |
| CITY - ST - ZIP | -01726701--01135--007 ***526.25 ***526.25 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| 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: Michelle Cloyd **Michelle Cloyd AMKBJ, Inc.** 1-8-01 561-439-2903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)