

2002 UNIFORM BUSINESS REPORT (UBR)

UBR 91 A1

DOCUMENT # A99000001416

1. Entity Name
AMKBJ PARTNERS, LTD. LLLP

FILED

02 JAN 17 PM 1:12

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.

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

City & State

Zip Country

DUE BY MAY 1, 2002

4. FEI Number: **65-0952578**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

Lancianese
CLOYD, MICHELLE
7457 PARK LANE
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name: **Namechange - Michelle Lancianese**

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:

Signature, typed or printed name of registered agent and title if applicable.

DATE: **1-14-02**

9. Capital Contributions as Shown on record: **\$6,160,000.00** ~~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 #	P99000051302
NAME	AMKBJ, INC.
STREET ADDRESS	7457 PARK LANE
CITY-ST-ZIP	LAKE WORTH FL 33467
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600004791506--5
CITY-ST-ZIP	-01/23/02--01050--028 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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 Lancianese, AMKBJ, Inc** **561-439-2903**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **1-14-02** Daytime Phone #

CR2E003 (9/01)