

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A00000000881
1. Entity Name
 T & K KAY FAMILY LTD.

FILED

01 FEB -7 PM 12:23

Principal Place of Business 355 S.W. 2ND AVENUE DANIA BEACH FL 33004
Mailing Address 355 S.W. 2ND AVENUE DANIA BEACH FL 33004



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1011657 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GLASSER, GENE K 2021 TYLER STREET HOLLYWOOD FL 33022
7. Name and Address of New Registered Agent 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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$500,000.00
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 #	KAY, THEODORE L	STREET ADDRESS	600003673166--3
NAME	355 S.W. 2ND AVENUE	CITY-ST-ZIP	-02/09/01-01106-017
STREET ADDRESS	DANIA BEACH FL		****\$26.25 ****\$26.25
CITY-ST-ZIP			
DOCUMENT #	KAY, KATHERINE E	STREET ADDRESS	
NAME	355 S.W. 2ND AVENUE	CITY-ST-ZIP	
STREET ADDRESS	DANIA BEACH FL		
CITY-ST-ZIP			
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CITY-ST-ZIP			

CR2E003 (11/00)

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: *Gene K Glasser* **REQUIRED** 1-17-01 954-557-4292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #