

# 2000 UNIFORM BUSINESS REPORT (UBR)

0020272 AB

DOCUMENT # **A04656**

1. Entity Name

**SKG-FLORIDA LIMITED PARTNERSHIP**

FILED

00 FEB 11 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O KIN PROPERTIES, INC. 77 TARRYTOWN ROAD WHITE PLAINS NY 10607	Mailing Address C/O KIN PROPERTIES, INC. 77 TARRYTOWN ROAD WHITE PLAINS NY 10607-1639
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>04-2584059</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**CARNEY, MARY JO**  
**POWELL CARNEY & MOORE, P.A.**  
**360 CENTRAL AVE., FLORIDA FEDERAL TOWER**  
**ST. PETERSBURG FL 33701**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$0.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>NONE</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>F99000000353</b>
NAME	<b>SANRIDGE COMPANY, INC.</b>
STREET ADDRESS	<b>77 TARRYTOWN ROAD</b>
CITY - ST - ZIP	<b>WHITE PLAINS NY 10607</b>

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>000003153380--5</b>
CITY - ST - ZIP	<b>-03/01/00--01094--003</b>
STREET ADDRESS	<b>****141.25 ****141.25</b>
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: *[Signature]* PRESIDENT, SANRIDGE COMPANY INC 1/21/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone 914-683-8080

CR2E003 (9/99)