2001	UNIF	DRM BUS	INESS REPO	RT	(UBR)						0006575
DOCUMENT # A07110 1. Entity Name							*				575 AF
B. K. S. PARTNERS, LTD.					, , , \$ ·		FILED				
Principal Place	of Business		Mailing Address			01	MAY -2	AM 11: 59	9		
P.O. BOX 5403 P.O. BOX 540			P.O. BOX 5403 FT.LAUDERDALE FL 33310			SEC TALL	RETARY OF AHASSEE.			OTOUT REART OTOUR DURINGE	Į)
Principal Place of Business 3. Mailing Address						- .					
Suite, Apt. #, etc. Suite, Apt.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State City & State						4. FEI N		05730		Applied Fo	
Zip Country		Zip	Country		5. Certif	ficate of Status D		□ \$	8.75 Additional se Required	iole	
6. Name and Address of Current Registered Agent						7. Name	and Address	of New Regis			\dashv
<u> </u>			<u> </u>		Name				······································		
LEVAN, ALAN B					Street Address (P.O. Box Number is Not Acceptable)						
1750 E SUNRISE BLVD											
FT.LAUDERDALE FL 33310					City					Zip Code	
									FL		
8. The above n	named entity sul	omits this statement for	r the purpose of changing its	register	ed office or regi	istered agent, o	or both, in the St	ate of Florida.	•		
SIGNATURE _											
9. Capital Cont		nted name of registered agent a	and title if applicable. (NOT	-	d Agent s gnature rec	quired when reinstatin	<u> </u>		DATE VARI É TI	O DEPT. OF STATE	
as Shown or	n record.	\$382,000.00	in FLORIDA to d	ite.			\$E	E REVERSE S	IDE FOR	FEE INFORMATION	
	A GEN NOTE: G	eneral Partners MA	HAT IS A BUSINESS EN Y NOT be changed on t	e form	; an amendn	nent must be	filed to chan	ge a gener	al partn	er.	
12. GENERAL PARTNER INFORMATION DOCUMENT / 594318							ADDR	ESS CHANGE	ES ONLY		
NAME STREET ADDRESS 1	B.K.S. GENERAL CORP 1750 E. SUNRISE BLVD., 3RD FLOOR				CITY-ST-ZIP					CR2E003 (11/00)	
DOCUMENT #				STRE	ET ADDRESS						- R2
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		2000	1043 1227	UU	712 !	5
DOCUMENT#				STRE	ET ADDRESS			****526		****526.25	5
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	·					
OCUMENT #				STRE	ET ADDRESS						
STREET ADORESS CITY-ST-ZIP				CITY	-ST-ZIP						
OCUMENT#				STRE	ET ADDRESS						-
STREET ADDRESS				CITY-	-ST-ZIP						
IOCUMENT ≠			•	STRE	ET ADDRESS						
TREĘT ADDRESS				<u> </u>	-ST-ZIP						
 I hereby cer indicated or 	rtify that the info n this report is t	rmation supplied with rue and accurate and t	this filing does not qualify for that my signature shall have	the exer	mption stated in legal effect as	Section 119.0 if made under	7(3)(i), Florida S oath; that I am a	tatutes. I furth a General Part	ner certify tner of the	that the information limited partnership	o or

the receiver or trustee empowered to execute this report as required by Chapt is 620. Florida Statutes

GLENR. GILBERT

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERA. PARTNER 4/11/2001 Date SIGNATURE: