2002	2 UNIFORM BU	JSINESS	REPORT	(UBR)	-		
DOCUMENT # A07110  1. Entity Name					FILED		
B. K. S. PARTNERS, LTD.					02 MAY -1 PN \$ 40		
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
P.O. BOX 5403 P.O. BOX 5403 FT.LAUDERDALE FL 33310 FT.LAUDERDALE FL 33310							
Principal Place of Business     3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002		
City & Stat	е	City & Sta	City & State		4. FEI Number	59-1905730	Applied For Not Applicable
Zip Country		Zip	Cour	Country		Status Desired	\$8.75 Additional Fee Required
***	6. Name and Address of Cu	rrent Registered Ag	jent	News	7. Name and Add	dress of New Registered	Agent
LEVAN, A	LAN B			Name	<del></del>		
1750 E SUNRISE BLVD				Street Addre	ess (P.O. Box Number is	Not Acceptable)	
FT.LAUDERDALE FL 33310							
				City		F	Zip Code
8. The above	named entity submits this statement.	ent for the purpose o	of changing its register	ed office or reg	jistered agent, or both, in	the State of Florida.	
SIGNATURE .	Cincinnation of a printed page of conjugate	1201-19					
Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions \$382,000.00  10. Amount of Capital in ELORIDA to do				butions			
as Shown o	on record.		FLORIDA to date.  JSINESS ENTITY M	UST BE REC	GISTERED AND ACT	SEE REVERSE SIDE F	OR FEE INFORMATION
12.	NOTE: General Partners	S MAY NOT be ch	nanged on the form	n; an amendr	ment must be filed to	o change a general pa	artner.
DOCUMENT #	594318			EET ADDRESS		ADDRESS CHANGES OF	NLY
NAME STREET ADDRESS	B.K.S. GENERAL CORP 1750 E. SUNRISE BLVD., 3RD FLOOR			ļ			
CITY-ST-ZIP				'-ST-ZIP			
DOCUMENT # NAME			STRE	EET ADDRESS	BK		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	Winds.		
DOCUMENT # NAME		<del></del> -	STRE	EET ADDRESS	100	0005503:	9712
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		<del>-05/10/02-0</del> ****526.25	
DOCUMENT NAME			STRE	ET ADDRESS	···		
STREET ADDRESS CITY-ST-ZIP			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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: \_/\_

DOCUMENT #

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS



4/23/2002 Date