2002 UNIFORM	BUSINESS	REPORT	(UBR
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DOCUMENT # A08110 1. Entity Name			FILED		
C.K. PARTNERS, LTD.			92 MAY -1 PM 5: 40		
Principal Place of Business Mailing Address P.O. BOX 5403 P.O. BOX 5403			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	ALE FL 33310	FT.LAUDERDALE FL 3331	10		i 1887ali (eli 887e) (els liett liett abil 887) Glell Glell Glell Glell Glell Glell Glell
Principal Place of Business 3. Mailing Address		<u></u>			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2002	
City & State City &		City & State	City & State		4. FEI Number 59-1984654 Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent
LEVAN, ALAN B 1750 E. SUNRISE BLVD.			Street Address (P.O. Box Number is Not Acceptable)		
FT.LAUDI	ERDALE FL 33304			City	Zip Code
				<u> </u>	
8. The above	AN	4-	register	ed office or registe	tered agent, or both, in the State of Florida.
	Signature, typed or printed name of registered agent				DATE
9. Capital Co as Shown	on record.	10. Amount of Capita in FLORIDA to da	ate.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
	A GENERAL PARTNER 1 NOTE: General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on the	TITY N	IUST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12.	GENERAL PARTNE		13.		ADDRESS CHANGES ONLY
DOCUMENT / LEVAN, ALAN B STREET ADDRESS 1750 E. SUNRISE BLVD.			EET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP FT. LAUDERDALE FL 33304		CITY	-ST-ZIP	BK
DOCUMENT / NAME STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP DOCUMENT #			CITY	-ST-ZIP	
NAME STREET ADDRESS			STRE	ET ADDRESS	4000055039743 -05/10/0201093007 ****526.25 ****526.25
CITY-ST-ZIP	,		CITY	-ST-ZIP	####5/25.25 ####5/25.25
DOCUMENT A NAME STREET ADDRESS			STRE	ET ADDRESS	
CITY-ST-ZIP			CITY	-ST-ZIP	
NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	
DOCUMENT # NAME			STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	
maicateu	ertify that the information supplied with on this report is true and accurate and er or trustee empowered to execute this	mai my sionature snau nave ti	ne same	i lenal ettect ac it r	section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or

SIGNATURE:

4/22/02 Date