

2001 UNIFORM BUSINESS REPORT (UBR)

0019210 AB

DOCUMENT # **A27727**

1. Entity Name

SPEAR, LEEDS & KELLOGG LIMITED PARTNERSHIP

FILED

Principal Place of Business
**120 BROADWAY, 7TH FLOOR, LEGAL DEPT.
 NEW YORK NY 10271**

Mailing Address
**120 BROADWAY, 7TH FLOOR, LEGAL DEPT.
 NEW YORK NY 10271**

01 FEB 13 PM 12:05

SECRETARY OF STATE
 TALLAHASSEE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-5515160**
 Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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. **\$67,000.00**

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 # **M97000000271**
 NAME **SLK LLC**
 STREET ADDRESS **120 BROADWAY**
 CITY-ST-ZIP **NEW YORK NY 10271**

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 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: *Carl H. Hewitt* **Carl H. Hewitt** 2/5/01 (212) 433-7015
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Manager of General Partner Date Daytime Phone #

CR2E003 (11/00)