

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 MAR -3 PM 1:39



1. Name of Limited Partnership	1a. DOCUMENT # A95000001720
S-K FAMILY LIMITED PARTNERSHIP	

Mailing Address 3440 S. OCEAN BLVD 102 SOUTH PALM BEACH FL 33480	Principal Office Address 3440 S. OCEAN BLVD 102 SOUTH PALM BEACH FL 33480	3. Date Formed or Registered 11/13/1995	5a. Capital Contributions as Shown on record. \$875,000.00
		3a. Date of Last Report 04/05/1996	5b. Amount of Capital Contributions In FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0631122	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent KULLEN, SOL 3440 S. OCEAN BLVD 102 SOUTH PALM BEACH FL 33480	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.	
SIGNATURE (Registered Agent Accepting Appointment) _____	

**500002106695--1
-03/07/97--01001--018
****103.75 ****103.75**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
KULLEN, SOL	3440 SOUTH OCEAN BLVD	PALM BEACH FL 33480	
KULLEN, SHIRLEY	3440 SOUTH OCEAN BLVD	PALM BEACH FL 33480	
KULLEN, ALLAN S	7723 GROTON RD.	BETHESDA MD 20817	
ADES, MARIAN K	7511 EXETER ROAD	BETHESDA MD 20817	
		500002106695--1 -03/07/97--01001--019 ****437.50 ****437.50	
		New Fees	KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Sol Kullen
SOL KULLEN

DATE

1/7/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

561-582-2117

CR2E003 (11/96)