

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001720**

1. Entity Name

**S-K FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3440 S. OCEAN BLVD 102 SOUTH PALM BEACH FL 33480</b>	Mailing Address <b>3440 S. OCEAN BLVD 102 SOUTH PALM BEACH FL 33480-5697</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>65-0631122</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KULLEN, SOL 3440 S. OCEAN BLVD 102 SOUTH PALM BEACH FL 33480</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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: <b>\$875,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>KULLEN, SOL 3440 SOUTH OCEAN BLVD., APT. 102 SOUTH PALM BEACH FL 33480</b>	STREET ADDRESS	<b>700003292427-9 -06/15/00--01126--003 ****526.25 ****526.25</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	<b>KULLEN, SHIRLEY 3440 SOUTH OCEAN BLVD., APT. 102 SOUTH PALM BEACH FL 33480</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	<b>KULLEN, ALLAN S 7723 GROTON RD. BETHESDA MD 20817</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	<b>ADES, MARIAN K 7511 EXETER ROAD BETHESDA MD 20814</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		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: **SOL KULLEN** **SIGNATURE REQUIRED** 561-582 2117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #