

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001720**

1. Entity Name  
**S-K FAMILY LIMITED PARTNERSHIP**

**FILED**

**AUG 17 PM 12:17**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**3440 S. OCEAN BLVD 2100 S. OCEAN BLVD**  
**102 SOUTH 202 NORTH**  
**PALM BEACH FL 33480**

Mailing Address  
**3440 S. OCEAN BLVD 2100 S. OCEAN BLVD**  
**102 SOUTH 202 NORTH**  
**PALM BEACH FL 33480**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0631122**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**KULLEN, SOL**  
**3440 S. OCEAN BLVD 2100 S. OCEAN BLVD**  
**102 SOUTH 202 NORTH**  
**PALM BEACH FL 33480**

7. Name and Address of New Registered Agent  
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 *Shirley Kullen* DATE **6/26/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$875,000.00**  
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	
DOCUMENT #	
NAME	<b>KULLEN, SOL 2100 SOUTH OCEAN BLVD</b>
STREET ADDRESS	<b>3440 SOUTH OCEAN BLVD, APT. 102 SOUTH APT</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480 202 NORTH</b>
DOCUMENT #	
NAME	<b>KULLEN, SHIRLEY 2100 SOUTH OCEAN BLVD.</b>
STREET ADDRESS	<b>3440 SOUTH OCEAN BLVD, APT. 102 SOUTH</b>
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>
DOCUMENT #	
NAME	<b>KULLEN, ALLAN S</b>
STREET ADDRESS	<b>7723 GROTON RD.</b>
CITY-ST-ZIP	<b>BETHESDA MD 20817</b>
DOCUMENT #	
NAME	<b>ADES, MARIAN K</b>
STREET ADDRESS	<b>7511 EXETER ROAD</b>
CITY-ST-ZIP	<b>BETHESDA MD 20814</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800004553158--1</b>
CITY-ST-ZIP	<b>-08/24/01--01009--008</b>
STREET ADDRESS	<b>***926.25--***926.25</b>
CITY-ST-ZIP	
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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: *Shirley Kullen* DATE **6/26/01** DAYTIME PHONE # **561 582-2117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

0008581 AF  
CR2E003 (11/00)