


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR 19 PM 2:14

DOCUMENT # A95000001720 1. Entity Name S-K FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 2100 S. OCEAN BLVD. 202 NORTH PALM BEACH, FL 33480	Mailing Address 2100 S. OCEAN BLVD. 202 NORTH PALM BEACH, FL 33480
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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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04122004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0631122	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KULLEN, SOL
 2100 S. OCEAN BLVD.
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$875,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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
NAME	KULLEN, SOL
STREET ADDRESS	2100 S. OCEAN BLVD., APT.#202 NORTH
CITY-ST-ZIP	PALM BEACH, FL 33480

DOCUMENT #	NAME
NAME	KULLEN, SHIRLEY
STREET ADDRESS	2100 S. OCEAN BLVD., APT.#202 NORTH
CITY-ST-ZIP	PALM BEACH, FL 33480

DOCUMENT #	NAME
NAME	KULLEN, ALLAN S
STREET ADDRESS	7723 GROTON RD.
CITY-ST-ZIP	BETHESDA, MD 20817

DOCUMENT #	NAME
NAME	MALOSKY ADES, MARIAN K
STREET ADDRESS	7511 EXETER ROAD
CITY-ST-ZIP	BETHESDA, MD 20814

DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
700035819187	
05/10/04--01067--017 ***526.25	

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SOL KULLEN

4/11/04

STAPLE CHECK HERE