

2005 LIMITED PARTNERSHIP ANNUAL REPORT

- Due By May 1, 2005

FILED
2005 APR 15 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001720					
1. Entity Name S-K FAMILY LIMITED PARTNERSHIP					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0631122	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KULLEN, SOL 2100 S. OCEAN BLVD. 202 NORTH PALM BEACH, FL 33480			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	KULLEN, SOL		CITY - ST - ZIP		
STREET ADDRESS	2100 S. OCEAN BLVD., APT.#202 NORTH				
CITY - ST - ZIP	PALM BEACH, FL 33480				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	KULLEN, SHIRLEY		CITY - ST - ZIP		
STREET ADDRESS	2100 S. OCEAN BLVD., APT.#202 NORTH				
CITY - ST - ZIP	PALM BEACH, FL 33480				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	KULLEN, ALLAN S		CITY - ST - ZIP		
STREET ADDRESS	7723 GROTON RD.				
CITY - ST - ZIP	BETHESDA, MD 20817				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	Malas Ky ADES, MARIAN K		CITY - ST - ZIP		
STREET ADDRESS	7511 EXETER ROAD				
CITY - ST - ZIP	BETHESDA, MD 20814				
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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: <i>Shirley Kullen</i>			Date: <i>4/12/2005</i>		Daytime Phone #: <i>561 582 2117</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE



04032005 Chg-LP CR2E003 (10/03)

Applied For Not Applicable

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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