


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 15 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A95000001720</b>			
1. Entity Name <b>S-K FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>2100 S OCEAN BLVD 202 NORTH PALM BEACH FL 33480</b>		Mailing Address <b>2100 S OCEAN BLVD 202 NORTH PALM BEACH FL 33480</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0631122</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KULLEN, SOL 2100 S. OCEAN BLVD. 202 NORTH PALM BEACH, FL 33480</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$875,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>KULLEN, SOL 2100 S. OCEAN BLVD., APT.#202 NORTH PALM BEACH, FL 33480</b>	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #	<b>KULLEN, SHIRLEY 2100 S. OCEAN BLVD., APT.#202 NORTH PALM BEACH, FL 33480</b>	STREET ADDRESS	
NAME		CITY - ST - ZIP	<b>900054019649 05/06/05--01080--003 **526.25</b>
STREET ADDRESS			
DOCUMENT #	<b>KULLEN, ALLAN S 7723 GROTON RD. BETHESDA, MD 20817</b>	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #	<b>Malaskey ADES, MARIAN K 7511 EXETER ROAD BETHESDA, MD 20814</b>	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
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