

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A95000001720



FILED

03 MAR 23 PM 4:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0631122

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registered agent and title if applicable

DATE

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

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

300013285223
03/03/03--01004--003 **526.25

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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

MALASIKY -
(re-married)

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/24/03

CR2E003 (10/02)

STAPLE CHECK HERE