


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002133					
1. Entity Name SK PARTNERSHIP, LTD.					
Principal Place of Business 1725 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952			Mailing Address 1725 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SAMIR EL KABANI 1725 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
Zip		Country	Zip		Country
8. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				4. FEI Number 59-3411442	
Applied For				Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
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. \$120,500.00			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 #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			U00000094741		
CITY-ST-ZIP			03/24/04-80001-017 525.25		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Samir El Kabani</i>			Date: 3.8.04 321-452		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



02132004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3411442 Applied For Not Applicable

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DOCUMENT #		STREET ADDRESS	
NAME	SAMIR EL KABANI	CITY-ST-ZIP	
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CITY-ST-ZIP	MERRITT ISLAND, FL 32952		03/24/04-80001-017 525.25
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SIGNATURE: *Samir El Kabani* Date: 3.8.04 321-452

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE