

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 FEB 17 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0008787 AT

**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

**DUE BY MAY 1, 2003**

Zip

Country

Zip

Country

4. FEI Number **59-3411442**

Applied For

Not Applicable

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

**SAMIR EL KABANI  
1725 SOUTH TROPICAL TRAIL  
MERRITT ISLAND FL 32952**

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. **\$120,500.00**

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 #     | <b>SAMIR EL KABANI</b>           |
| NAME           | <b>1725 SOUTH TROPICAL TRAIL</b> |
| STREET ADDRESS | <b>MERRITT ISLAND FL 32952</b>   |
| CITY-ST-ZIP    |                                  |
| DOCUMENT #     |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| DOCUMENT #     |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
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| STREET ADDRESS |                                  |
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| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| DOCUMENT #     |                                  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |

|                |                                      |
|----------------|--------------------------------------|
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| STREET ADDRESS | <b>700012596577</b>                  |
| CITY-ST-ZIP    | <b>02/17/03--01067--016 **526.25</b> |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| STREET ADDRESS |                                      |
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| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |
| STREET ADDRESS |                                      |
| CITY-ST-ZIP    |                                      |

CR2E003 (10/02)

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 # \_\_\_\_\_