

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000888

1. Entity Name
SKF ENTERPRISES, LTD.



FILED
03 MAR -5 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9999 COLLINS AVENUE, APT. 16-B BAL HARBOR FL 33154	Mailing Address 9999 COLLINS AVENUE, APT. 16-B BAL HARBOR FL 33154
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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 **65-0750788**

Applied For
Not Applicable

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DANIELS, NICHOLAS M ESQ.
SUNTRUST INTERNATIONAL CENTER
ONE S.E. 3RD AVENUE, SUITE 2400
MIAMI FL 33131**

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. **\$11,942,776.51**

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 # **P97000035910**
NAME **SHIRFLET, INC.**
STREET ADDRESS **9999 COLLINS AVENUE, APT. 16-B**
CITY-ST-ZIP **BAL HARBOR FL 33154**

STREET ADDRESS
CITY-ST-ZIP
800013526758
03/05/03--01010-003 **526.25

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M THOMAS

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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: *Shirley K. Fletcher*

02-27-03

305-861-8006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)