

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM.

LIMITED  
PARTNERSHIP  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

## DOCUMENT #

1. Name of Limited Partnership

BKCLP, Ltd

## 2. Principal Office Address

1850 Monroe St.

Suite, Apt. #, etc.

## 3. Mailing Office Address

P O Box 220650

Suite, Apt. #, etc.

City &amp; State

Hollywood, FL

Zip 33020

Country Broward

City &amp; State

Hollywood, FL

Zip 33022-0650

Country Broward

## 8. Name and Address of Current Registered Agent

Name

BKCGP, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1850 Monroe ST

Suite, Apt. #, Etc.

City

Hollywood, FL

State

FL

Zip Code

33020

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

## 10. Name(s) of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

## 10a. Registration Document Number

BKCGP, Inc  
1850 Monroe ST.  
Hollywood, FL 33020

P97000031548

REINSTATEMENT

2002

BK

BKL

THIS REINSTATEMENT WAS SUPPOSED TO HAVE BEEN FILED IN  
DECEMBER OF 2002. It was not filed until 1/17/03.  
The \$526.25 UBR fee for 2003 will be paid before 5/1/03.

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

1-17-03

Typed or Printed Name of General Partner Signing Form

Telephone Number

FILED

03 JAN 17 PM 5:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/04/02 01093 026

800/118790908 - 1,026.25

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