

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A 97000001733**

1. Entity Name
BKCLP, Ltd.



FILED

03 FEB 10 AM 11:29

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
000012224880
02/10/03 01086-002 **526.25
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1850 Monroe St.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 220650
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
65-0780289

Applied For
Not Applicable

Zip/Country
33020 Broward

Zip/Country
33022-0650

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

7. Name and Address of Current Registered Agent

Name
BKCGP, Inc.

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

1850 Monroe ST.

City
Hollywood

FL Zip Code
33020

**DO NOT WRITE
IN THIS SPACE**

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 filer, if applicable

DATE

9. Capital Contributions
as Shown on record **\$7,128,000**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**BKCGP, Inc
1850 MONROE ST.
Hollywood, FL 33020**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

M. THOMAS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-17-03 954/927-6027

Date

Daytime Phone #

CR2E0036 (12/02)

STAPLE CHECK HERE