

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000000664**

1. Entity Name

ELLIS KAYE FAMILY LIMITED PARTNERSHIP

FILED

00 FEB 11 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**40 HAMPSHIRE LANE
BOYNTON BEACH FL 33436**

Mailing Address
**40 HAMPSHIRE LANE
BOYNTON BEACH FL 33436-7414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0819502**

Applied For
Not Applicable

Zip Country

Zip Country

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

**ELLIS KAYE, INC.
40 HAMPSHIRE LANE
BOYNTON BEACH FL 33436**

Name **LESTER J. KLEIN**
Street Address (P.O. Box Number is Not Acceptable)
**c/o ELLIS KAYE, INC
40 HAMPSHIRE LA.**
City **BOYNTON BEACH FL** Zip Code **33436**

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.

SIGNATURE *Lester J. Klein*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

11. MAKE CHECK PAYABLE TO 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 # **P98000021555**
NAME **ELLIS KAYE, INC.**
STREET ADDRESS **40 HAMPSHIRE LANE**
CITY - ST - ZIP **BOYNTON BEACH FL 33436**

STREET ADDRESS
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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:

Lester J. Klein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)