

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007996 AF

**DOCUMENT # A98000000664**  
 1. Entity Name  
**ELLIS KAYE FAMILY LIMITED PARTNERSHIP**

**FILED**  
 01 FEB 22 AM 10:06  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent  
**KLEIN, LESTER S**  
**% ELLIS KAYE, INC.**  
**40 HAMPSHIRE LANE**  
**BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent  
 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.  
 SIGNATURE \_\_\_\_\_ (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. **#1,000**      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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P98000021555</b> <b>ELLIS KAYE, INC.</b> <b>40 HAMPSHIRE LANE</b> <b>BOYNTON BEACH FL 33436</b>	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<del>5000003784195-3</del> -02/27/01--01152--016 ****141.25 ****141.25
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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 S Klein      **LESTER S KLEIN**      2/14/00 (56) 736-8918  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (11/00)