

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A98000000664**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>1. Entity Name</b> ELLIS KAYE FAMILY LIMITED PARTNERSHIP	
<b>Principal Place of Business</b> 40 HAMPSHIRE LANE BOYNTON BEACH FL 33436	<b>Mailing Address</b> 40 HAMPSHIRE LANE BOYNTON BEACH FL 33436

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>DUE BY MAY 1, 2003</b>	
<b>4. FEI Number</b> 65-0819502	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
KLEIN, LESTER S % ELLIS KAYE, INC. 40 HAMPSHIRE LANE BOYNTON BEACH FL 33436	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>9. Capital Contributions</b> as Shown on record. <b>\$1,000.00</b>	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>P98000021555</b> NAME <b>ELLIS KAYE, INC.</b> STREET ADDRESS <b>40 HAMPSHIRE LANE</b> CITY-ST-ZIP <b>BOYNTON BEACH FL 33436</b>	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; border: 1px solid black; padding: 5px;">                         600015478216                          04/08/03--01073--006 **141.25                     </div>
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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:** *[Signature]* **REQUIRED** 4/3/03 (364) 6739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)