

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012301 AT

DOCUMENT # A98000000664



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

W4/11

03 APR -8 AM 11:25



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

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KLEIN, LESTER S % ELLIS KAYE, INC. 40 HAMPSHIRE LANE BOYNTON BEACH FL 33436	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. 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.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 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 # P98000021555 NAME ELLIS KAYE, INC. STREET ADDRESS 40 HAMPSHIRE LANE CITY-ST-ZIP BOYNTON BEACH FL 33436	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 #