

# 2001 UNIFORM BUSINESS REPORT (UBR)

10/2  
JL

DOCUMENT # A98000001367

1. Entity Name

THE BRKA LIMITED PARTNERSHIP

FILED

01 AUG 16 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

~~2600 SOUTH OLIVE BLVD., UNIT 508-S~~  
PALM BEACH FL 33480

Mailing Address

~~2600 SOUTH OLIVE BLVD., UNIT 508-S~~  
PALM BEACH FL 33480

2. Principal Place of Business

2600 S. OCEAN BLVD.  
#508 S  
PALM BEACH, FL.

3. Mailing Address

2600 S. OCEAN BLVD.  
508 S  
PALM BEACH, FLA.

DUE BY SEPTEMBER 26, 2001

4. FEI Number

65-0843686

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FICK, RONALD L  
C/O DUNWOBY WHITE & LONDON, P.A.  
251 SOUTH COUNTY ROAD  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name CARROLL, William C.  
Street address (P.O. Box Number is Not Acceptable)  
90 PILLSBURY WINTHROP  
125 WORTH AVE Suite #310  
PALM BEACH, FL 33480

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

*[Signature]* WILLIAM CARROLL

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

DOCUMENT # P98000049006  
NAME BRKA, INC.  
STREET ADDRESS 2600 SOUTH OCEAN BLVD., UNIT 508-S  
CITY-ST-ZIP PALM BEACH FL 33480

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300004553193--3  
-08/24/01--01010--005  
\*\*\*\*526.25 \*\*\*\*526.25

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

Date

Daytime Phone #

*[Signature]* THOMAS K. FREYDBERG

561-585  
6715

CR2E003 (5/01)