

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 22, 2001 08:00 AM****Secretary of State****DOCUMENT # A99000000050**1. Entity Name
ALYAK LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
5253 MIRA VISTA DR.	P.O. BOX 4863
PALM HARBOR FL 34685	PALM HARBOR FL 346850063

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

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For
☒ Not Applicable5. 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
KEMP CALVIN 5253 MIRA VISTA DR. PALM HARBOR FL 34685 US	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 **CALVIN KEMP**

02/22/2001

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. 7,500.00

10. Amount of Capital Contributions in FLORIDA to date. 7,500.00

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 #	KEMP CALVIN 5253 MIRA VISTA DR. PALM HARBOR FL 34685	STREET ADDRESS	
NAME		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	
		STREET ADDRESS	
		CITY-ST-ZIP	

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: **CALVIN KEMP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GP 02/22/2001

Date

Daytime Phone #

CR2E003 (11/00)