2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000142

1. Entity Name

D.K. FAMILY LIMITED PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
910 BELLE MEADE ISLAND DRIVE	910 BELLE MEADE ISLAND DRIVE
MIAMI FL 33132	MIAMI FL 33132

FILED

01 MAY -2 PM 12: 33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	4. FEI Number **65-0907136** / Applied For / Not Applicable
Zip / Country	Zip / Country	5. 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
KELLY, DANIEL M 910 BELLE MEADE ISLAND DRIVE MIAMI FL 33132	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 _____

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	$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	300,000	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	KELLY, DANIEL M 910 BELLE MEADE ISLAND DRIVE MIAMI FL 33132	STREET ADDRESS CITY-ST-ZIP	
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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: _____ Daniel M. Kelly   4/09/01   305-757-9036

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