

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014612 AT

**DOCUMENT # A99000000142**

1. Entity Name  
**D.K. FAMILY LIMITED PARTNERSHIP, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 12 PM 2:04



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

Mailing Address  
**910 BELLE MEADE ISLAND DRIVE  
MIAMI FL 33132**

2. Principal Place of Business  
**1800 Marina Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**1800 Marina Circle**  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State  
**N. Ft. Myers FL**

City & State  
**N. Ft. Myers FL**

Zip  
**33903**

Country  
**USA**

Zip  
**33903**

Country  
**USA**

4. FEI Number  
**65-0907136**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KELLY, DANIEL M  
910 BELLE MEADE ISLAND DRIVE  
MIAMI FL 33132**

Address Change only →

7. Name and Address of New Registered Agent  
Name  
**Daniel M. Kelly**  
Street Address (P.O. Box Number is Not Acceptable)  
**1800 Marina Circle**  
City  
**N. Ft. Myers FL** Zip Code  
**33903**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>KELLY, DANIEL M 910 BELLE MEADE ISLAND DRIVE MIAMI FL 33132</b>	STREET ADDRESS	<b>1800 Marina Circle</b>
NAME		CITY-ST-ZIP	<b>N. Ft. Myers, FL 33903</b>
STREET ADDRESS			
CITY-ST-ZIP			
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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: **Daniel M. Kelly** **2/6/02 941-465-5850**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date Daytime Phone #

CR2E003 (9/01)