2000 UNIFORM BUSINESS REPORT (UBR)

A9900000154

DOCUMENT#

SIGNATURE:

1. Entity Name							FILED				
THE KAYE FAMILY LIMITED PARTNERSHIP							SECRETARY OF STATE DIVISION OF CORPORATIONS				
			•				DIVISION	ir GURPUR	WHOR2		
Principal Plac	e of Business		Mailing Address				00 MAY 2	23 PM	: 33		
5608 MULBERRY DRIVE 5609 MULBERRY DRIVE											
TAMARAC FL 33319 TAMARAC FL 33319-6128											
							Lon 1808 (8118 1814 98 11 1				
A. D			La Maillian Adalana								
2. Principal Place of Business c/o Barbara Greenleaf c/o Barbara Greenleaf						f					
Suite, Apt.			Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS SI	PACE		
		St #7 PMR 270	4 3905 State	St #	7 PMB	270	.		Applied	d Eor	
City & State Santa Barbara, CA Santa Barbara,					CA	4. FEI Nun	iber :		_ 	plicable	
Zip Country			Zip Country			5 Certifics	Cortificate of Status Desired \$8.75 Additional				
93105		USA	93105	L	USA			F	ee Required		
	6. Name	and Address of Current F	Registered Agent		Name	7. Name a	nd Address of New I	registered A	<u>jent</u>		
_REINSTEI	N. JOEL ES	0			Street Address (P.O. Box Number is Not Acceptable)						
		ROAD, SUITE 801			Street Add	iress (P.O. Box Num	iber is Not Acceptabl	e) 			
BOCA RA	TON FL 33										
		and the second		-	City		:	FL	Zip Code		
						:	ath in the State of El		<u> </u>		
8. The above	named entity	y submits this statement for	the purpose of changing its	registered	a office or re	egistered agent, or t	oun, in the State of Fi	ona.			
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		or printed name of registered agent a				required when reinstating)	Y	DATE			
Capital Co	ntributions						11 MAVE CUE	CK DAVARIE 1	IN NEPT NE STA	ATF	
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Daytime Phone #