

2002 UNIFORM BUSINESS REPORT (UBR)

0020539 AB

DOCUMENT # A99000000154

1. Entity Name

THE KAYE FAMILY LIMITED PARTNERSHIP

FILED

02 MAY 15 PM 2:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

% BARBARA GREENLEAF
3905 STATE ST., #7 PMB 270
SANTA BARBARA CA 93105

Mailing Address

% BARBARA GREENLEAF
3905 STATE ST., #7 PMB 270
SANTA BARBARA CA 93105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0890729

Applied For

Not Applicable

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

REINSTEIN, JOEL ESQ.

~~5955 TOWN CENTER ROAD, SUITE 801~~

BOCA RATON FL 33486

925 S. FEDERAL
HAWAY
ST. 325
BOCA RATON, FL
33432

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.

DATE

9. Capital Contributions
as Shown on record.

\$6,689,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

6689000.00

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 #
NAME GREENLEAF, BARBARA K
STREET ADDRESS 3905 STATE ST., #7, PMB 270
CITY-ST-ZIP SANTA BARBARA CA 93105

STREET ADDRESS

CITY-ST-ZIP

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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:

Barbara K. Greenleaf (Barbara K. Greenleaf) 4-10-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)