2000 UNIFORM BUSINESS REPORT (UBR)							
DOCUMENT # A9900001982  i. Entity Name					FILED		
THE GKF FAMILY LIMITED PARTNERSHIP					FILIED SECRETARY OF STATE CIVISION OF CORPORATIONS		
Principal Place of Business  4785 NW 76TH ST.  COCONUT CREEK FL 33073  Mailing Address  4785 NW 76TH ST.  COCONUT CREEK FL 33073  COCONUT CREEK FL 33073			73-2706	1-27 <b>0</b> 6		00 APR 25 AM 3: 05	
2. Principal Place of Business 9543 NW 52nd Place 9543 NW 52nd Place 9543 NW 52nd Pl				Lace			
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NỘT WRITE IN THIS SPACE			
	City & State Oral Springs, FL City & State Coral Springs,			4. FEI Number Applied For Not Applicable			
Zip 33076				Country  5. Certificate of Status Desired  Fee Required  5. Certificate of Status Desired			
					7. Name and Address of New Registered Agent		
ANGELOPOULOS, ANNE W 4785 NW 76TH ST.				Name Angelopoulos, Anne W Street Address (P.O. Box Number is Not Acceptable)			
COCONUT CREEK FL 33073				9543 NW 52nd Place			
· /				City Coral Springs, FL Zin Code 33076			
3. The above hamed 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 on record.  \$304,100.00  10. Amount of Capital Contributions in FLORIDA to date. \$304,100.00						11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
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#	P99000102531			CONT. INDUITO			
NAME	/ero Partners, Inc.		SIND	STREET ADDRESS 9543		43 NW 52nd Place	
STREET ADDRESS City-St-Zip	4785 NW 76th Street Coconut-Creek, FL 3073		CITY-	ST-ZIP	Coral Springs, FL 33076		
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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

VERO PARTNERS, INC.

SIGNATURE:
BY:

SIGNATURE:

BY:

Date

Date

Dayline Phone #