


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 MAY -4 PM 4:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A03Q00001226

1. Entity Name
RK & DK FAMILY PARTNERSHIP, LTD.




Principal Place of Business
**405 PINWOOD LAKE DR.
 VENICE, FL ~~34292~~**
34285

Mailing Address
**405 PINWOOD LAKE DR.
 VENICE, FL ~~34292~~**
34285

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



02182004 Chg-LP CR2E003 (10/03)

4. FEI Number
51-0480151

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KOEHLER, ROBERT J
 405 PINWOOD LAKE DR.
 VENICE, FL ~~34292~~**
34285

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$6,358,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **SAME AS #9**

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 #	L03000031424	STREET ADDRESS	
NAME	RK & DK HOLDINGS, L.L.C.	CITY-ST-ZIP	<i>NEW ZIP - 34285</i>
STREET ADDRESS	405 PINWOOD LAKE DR.		
CITY-ST-ZIP	VENICE, FL 34292 <i>34285</i>		
DOCUMENT #		STREET ADDRESS	
NAME		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: *Robert J. Koehler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/8/04** Daytime Phone #: **941-496-7816**

STAPLE CHECK HERE