


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005


FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000001226 1. Entity Name RK & DK FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 405 PINWOOD LAKE DR. VENICE, FL 34285	Mailing Address 405 PINWOOD LAKE DR. VENICE, FL 34285
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 51-0480151	Applied For Not Applicable
Zip	Country	Zip	Country



03012005 Chg-LP CR2E003 (10/03)

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 34285		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

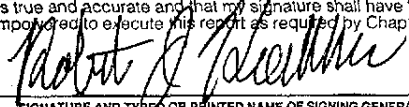
9. Capital Contributions as Shown on record. \$6,358,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L03000031424 RK & DK HOLDINGS, L.L.C. 405 PINWOOD LAKE DR. VENICE, FL 34285	STREET ADDRESS CITY-ST-ZIP	 03/23/05-80045-017 526.25
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STAPLE CHECK HERE

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:  DATE: 3/2/05 DAYTIME PHONE: 941-496-7816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #