


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008**

FILED
08 AUG -6 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A06000001017				
1. Entity Name KENLAN SPORTS, LLLP				
Principal Place of Business 12331 TOWNE LAKE DRIVE SUITE #8 FORT MYERS, FL 33913		Mailing Address 12331 TOWNE LAKE DRIVE SUITE #8 FORT MYERS, FL 33913		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5610563
				Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
COHEN & GRIGSBY, P.C. 27200 RIVERVIEW CENTER BLVD., SUITE 309 BONITA SPRINGS, FL 34134			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				
FILE NOW!!! FEE IS \$500.00 Due by September 12, 2008			In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	L06000081289		STREET ADDRESS	
NAME	KENLAN SPORTS, LLC		CITY-ST-ZIP	
STREET ADDRESS	12331 TOWNE LAKE DRIVE			900134356169
CITY-ST-ZIP	FORT MYERS, FL 33913			08/12/08--01008--006 **500.00
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
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NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Cynthia S. Kennedy</i>			Date	7-30-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #	

STAPLE CHECK HERE