


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A94000000329							
1. Entity Name KKP - CHIPPEWA, LTD.							
Principal Place of Business 3020 HARTLEY RD., STE. 300 JACKSONVILLE, FL 32257		Mailing Address 3020 HARTLEY RD., STE. 300 JACKSONVILLE, FL 32257					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-3231318			
Zip		Country		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				
FARRELL, MARK T 3020 HARTLEY RD., STE. 300 JACKSONVILLE, FL 32257			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$933,604.00		10. Amount of Capital Contributions in FLORIDA to date.					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	P94000020141		STREET ADDRESS				
NAME	KKP - CHIPPEWA, INC.		CITY-ST-ZIP				
STREET ADDRESS	3020 HARTLEY RD., STE. 300						
CITY-ST-ZIP	JACKSONVILLE, FL 32257						
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS				U00000345940 04/30/05-80056-011 526.25			
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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)(f), 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: <u>Mark T. Farrell</u>		Date: <u>April 21, 2005</u>		Daytime Phone #: <u>(904) 260-3030</u>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							



01282005 Chg-LP CR2E003 (10/03)

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