


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 FEB 21 AM 8:37

DOCUMENT # A9600000195					
1. Entity Name KATANA LIMITED PARTNERSHIP					
Principal Place of Business P.O. BOX 353730 PALM COAST, FL 32135		Mailing Address P.O. BOX 353730 PALM COAST, FL 32135			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3361781	
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			
ECKER, EDWARD 115 ANCHORAGE DR. FLAGLER BEACH, FL 32136		Name ECKER, EDWARD			
		Street Address (P.O. Box Number is Not Acceptable)			
		193 MONITOR DR.			
		City FLAGLER BEACH FL		Zip Code 32136	
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: <u>Edward Ecker</u>		DATE: <u>2/12/05</u>			
9. Capital Contributions as Shown on record. \$1,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	ECKER, EDWARD		STREET ADDRESS		
NAME	P.O. BOX 353730 N/A		CITY-ST-ZIP		
STREET ADDRESS	PALM COAST, FL 32135				
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: <u>Edward Ecker</u>		EDWARD ECKER		2/12/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date	
				386 439 2776	
				Daytime Phone #	

STAPLE CHECK HERE

[Handwritten initials]



02172005 Chg-LP CR2E003 (10/03)

Zip Code 32136

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