

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # B94000000077 1. Entity Name KLS-MARTIN LIMITED PARTNERSHIP					
Principal Place of Business 11239-1 ST. JOHN'S INDUSTRIAL PKWY. SOUTH JACKSONVILLE, FL 32246			Mailing Address POST OFFICE BOX 50249 JACKSONVILLE, FL 32250		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TEAGUE, MICHAEL 11239-1 ST. JOHNS INDUSTRIAL PKWY. S. JACKSONVILLE, FL 32246				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. \$495,000.00			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 #	F94000001089		STREET ADDRESS		
NAME	KLS-MARTIN INC.		CITY-ST-ZIP		
STREET ADDRESS	11239-1 ST. JOHN'S INDUSTRIAL PKWY. SOUTH				
CITY-ST-ZIP	JACKSONVILLE, FL 32246				
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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: <i>Michael Teague</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			1/07/04 (904)641-7746 Date Daytime Phone #		



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4. FEI Number **59-3213685** Applied For Not Applicable

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

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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