


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A32582 1. Entity Name THE KENT PARTNERSHIP, LTD.	
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Principal Place of Business 5904 SPRING LAKE DRIVE LAKELAND FL 33811	Mailing Address 5904 SPRING LAKE DRIVE LAKELAND FL 33811
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E003 (11/03)

4. FE# Number 59-3108983	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KENT, GAYLE S 5904 SPRING LAKE DRIVE LAKELAND FL 33811	
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7. Name and Address of New Registered Agent	
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 Gayle S. Kent Gayle S. Kent (Pres of KAA) DATE 4-6-04

9. Capital Contributions as Shown on record. \$1,200.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.
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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	S76466 THE K.A.A. BETA CORP. 5904 SPRING LAKE DR LAKELAND FL	STREET ADDRESS CITY - ST - ZIP	U00000114381 04/15/04 00047 014 141.25
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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: Gayle S. Kent Gayle S. Kent 4-6-04 863-644-8889

STAPLE CHECK HERE