2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

CITY-ST-ZIP

FILED Mar 27, 2006 08:00 AM Secretary of State

	D	ue By May 1, 2006	Wiai 27, 2000 00:00 Al		
DOCU	MENT # B9	7000000530		Secre	etary of State
1. Entity Name					
{	!				
Principal Place	1	Mailing Address			_
910 LOUISIAN HOUSTON, TX	NA (77 102-4995	P.O. BOX 19366 102-4995 JACKSONVILLE, FL 32245-9366			
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		AND THE RESERVE OF THE PARTY OF		02282006 No Chg-LP	CR2E003 (11/05)
D	ONOLI	WRITE IN THIS	SPACE	4. FEI Number 59-3465849	Applied For
		The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5. Certificate of Status Desired	\$8.75 Additional
<u></u>	6. Name and Add	ress of Current Registered Agent			Fee Required
CTCORP	ORATION SYSTE	=M		DO NOT W	inite
	TH FINE ISLAND ON, FL 33324	ROAD	•	DO NOT W	
	,			IN THIS SE	PACE
- The share	and if antitive familia	this season of the latest seas			
	ions o registered ager	this statement for the purpose of changing of	ns registered dilice ar register	ed agent, or both, in the state of H	onda. I am ramiliar with, and accept
SIGNATURE -	Signals, a, typed or primed na-	me of registered agent and title if applicable.			DATE
		FILE NOWIN FEE IS \$500.00	00.00		
	A GENERA	Rer May 1, 2006, Fee will be \$9 L PARTNER THAT IS A BUSINESS I	NTITY MUST BE REGIST	FERED AND ACTIVE WITH TH	IIS OFFICE.
12.		IT Partners MAY NOT be changed or NERAL PARTNER INFORMATION	i the form; an amendmen	it must be filed to change a g	eneral partner.
OCCUMENT /	F97(00005277			-	
NAME STREET AUDRESS	AKE KDO, INC. 4311 PABLO OAK	S COLIDT	į.		
City-ST-ZIP	JAC (SONVILLE, F		1		
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STREET ADDRESS CITY-ST-ZIP				DO NOT W	KIIE
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NAME STREET ADDRESS					
CITY-ST-ZIP			_		
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STREET ADDRESS CITY-ST-ZIP			1		
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NAME STREET ADDRESS			1		

14. I hereby certify I sat 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 it made under eath; 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: SUNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 3/23/06 904/223-7480

DEPTITE PROPERTY OF THE PRINTED NAME OF SIGNING GENERAL PARTNER 3/23/06 904/223-7480