2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR -7 AM 10: 15

DOCUMENT # A98000002176

1. Entity Name
KWC FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
13014 N. DALE MABRY HWY., SUITE 356 TAMPA, FL 33618	13014 N. DALE MABRY HWY., SUITE 356 TAMPA, FL 33618

03272006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3632550 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HODGES, GEOFFREY T
601 SOUTH HARBOUR ISLAND BLVD.
STE 200
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name GARY FAIRBANKS
Street Address (P.O. Box Number is Not Acceptable) 13014 N. DALE MABRY HWY
SUITE 356
City TAMPA FL Zip Code 33618

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 Gary D. Fairbanks DATE
Signature of new registered agent and title if applicable

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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 #		STREET ADDRESS	
NAME	SCHWENCKE, KIM M	CITY-ST-ZIP	
STREET ADDRESS	13014 N. DALE MABRY HWY, SUITE 356		
CITY ST ZIP	TAMPA, FL 33618		
DOCUMENT #		STREET ADDRESS	
NAME	RAPPAPORT, A.G.	CITY ST ZIP	
STREET ADDRESS	13014 N. DALE MABRY HWY, SUITE 356		
CITY ST ZIP	TAMPA, FL 33618		
DOCUMENT #		STREET ADDRESS	200071642452
NAME			04/24/06--01064--010 **500.00
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CITY ST ZIP			

STAPLE CHECK HERE

14. I hereby certify that 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 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: Kim M. SCHWENCKE 3/28/06 813-269-0899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Telephone #