

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # A01000001688

1. Entity Name
KEMPKE ENTERPRISES, LTD.



Principal Place of Business
**101 GORDON STREET
SANFORD, FL 32771**

Mailing Address
**101 GORDON STREET
SANFORD, FL 32771**



03082007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3590822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NOWICKI, MARK J ESQ.
14155 U.S. HIGHWAY ONE, SUITE 210
JUNO BEACH, FL 33408**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**KEMPKE, WILLIAM TRUSTEE
101 GORDON STREET
SANFORD, FL 32771**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**KEMPKE, SHIRLEY A TRUSTEE
101 GORDON STREET
SANFORD, FL 32771**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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U000000670576
03/27/07-80111-023 500.00

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-12-07

Date

Daytime Phone #

407-562-0333

STAPLE CHECK HERE