


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000881 1. Entity Name T & K KAY FAMILY LTD.	
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Principal Place of Business 355 S.W. 2ND AVENUE DANIA BEACH FL 33004	Mailing Address 355 S.W. 2ND AVENUE DANIA BEACH FL 33004
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-1011657	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent GLASSER, GENE K 2021 TYLER STREET HOLLYWOOD FL 33022

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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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>
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11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
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9. Capital Contributions as Shown on record. \$500,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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
DOCUMENT #
NAME KAY, THEODORE L
STREET ADDRESS 355 S.W. 2ND AVENUE
CITY - ST - ZIP DANIA BEACH FL 33004

13. ADDRESS CHANGES ONLY
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME KAY, KATHERINE E
STREET ADDRESS 355 S.W. 2ND AVENUE
CITY - ST - ZIP DANIA BEACH FL 33004-G

STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	2-20-02 954-839-8183 Date Daytime Phone #
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STAPLE CHECK HERE