2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

SIGNATURE:

FILED Apr 07, 2004 08:00 AM Secretary of State

DOCUMENT # A0000001054 1. Enuty Name KAG PARTNERS, LLLP					Secretary of State	
Principal Place of Business Mailing Address 2300 GLADES ROAD, SUITE 100E 2300 GLADES ROAD, S			AD SHITE 10	OOF	-	
BOCA RATON		BOCA RATON, FL				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt #, etc.		Suite, Apt. #, etc.			02172004 Chg-LP CR2E003 (10/03)	
City & State		City & State			4. FEI Number Applied For 65-1021111 Not Applicable	
Zip	Country	Zip	Cour	ntry	S. Certificate of Status Desired	
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Address of New Registered Agent	
KAG EQUITY, LLC 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431				Street Address (P.O. Box Number is Not Acceptable)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City	Zip Code	
B. The above	named entity submits this statement	for the purpose of changir	ng its register	1	ed agent, or both, in the State of Florida. I am familiar with, and accept	
the obligat	ions of registered agent.					
	Signature, typed or printed name of registered age				DATE	
9. Capital Co as Shown	on record. \$7,500.00	10. Amount of C in FLORIDA		butions		
*	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINESS	S ENTITY M	UST BE REGIST	TERED AND ACTIVE WITH THIS OFFICE.	
12.	GENERAL PARTN	CR INFORMATION			ADDRESS CHANGES ONLY	
DOCUMENT / NAME	L03000014587 _ KAG EQUITY, LLC.		SIRE	ET AUDRESS	2 Innoment a second	
STREET ADDRESS CITY-ST-ZIP	2300 GLADES ROAD, SUITE 1 BOCA RATON, FL 33431	00E	CHY	·SI-ZIP	U00000111298 04/13/04-80011-017 141.25	
DOCUMENT # NAME			SIRE	ET ADORESS		
STREET ADDRESS CHY-ST ZIP			CHY	-51-219		
DOCUMENT / VAME			STRE	ET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			CITY	-S1-20P		
ocument# Vame			SIRE	ET ADDRESS		
DIRECT ADDRESS .			CITY	-ST-ZIP		
DOCUMENT # NAME	-		518E	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CHY	-S1-2IP		
igcument / Iami:	-		SIRE	ET ADORESS		
STRLET ADORESS CITY-ST-ZIP			CITY	-\$i - <i>B</i> iF		
4. I hereby of shaked the received	certify that the information supplied w on this report is true and accurate an er or trustee emotiwered to execute t	ith this filling does not qualition that my signature shall the his report as required by C	ily for the exertiave the same	mption stated in Se a lagat effect as if m Florida Statutes	ction 119.07(3)(i). Florida Statutes, I further certify that the Information tade under oath, that I am a General Partner of the limited partnership of	

William R. Greenfield

3/15/04

561-392-6662

Daytime Phone #