2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 APR 22 AM 10: 39

DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 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 3/26/08		DOCUMENT # A0000001072 1. Entity Name KBCB FAMILY LIMITED PARTNERSHIP, LTD.						3 APK 22 H	H 10+ 33	
Solin Ant J. etc. Solid Ant J.		405 SW ATLANTIC DRIVE		405 SW ATLANTIC DRIVE						
City & State Palm Beach, FL Palm Beach Palm Beach, FL Palm Beach Palm Beach, FL Palm Beach Palm Beach Palm Beach, FL Palm Beach Palm Beach, FL Palm Beach Palm Beach Palm Beach, FL	}	270 South County Road		270 South County Road		1				
33480 Country 30480 Country 8. Co	-	City & State Palm Beach. FL					4. FEI Number		Applied For	
8 BROWN, KENNETH W 40S SWATALNTIC DRIVE LANTANA, FL 33462 4. The above remed only submit this sitement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU	ļ			Zip Country		itry			□ \$8.75 Additional	
BROWN, KENNETH W 405 SWATLANTIC DRIVE LANTANA, FL 33462 270 South County Road Call Beach FL B3480° 6. The above named entity submits this statement for the purpose of changing its registered office or registered spent, or both, in the State of Florida. I am flamiliar with, end accept the obligations of registered spent. SIGNATURE SIGNATURE CENTRAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partner THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partner THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partner INFORMATION 13. ADDRESS GENERAL PARTNER INFORMATION 15. ADDRESS GENERAL PARTNER INFORMATION 16. ADDRESS GENERAL PARTNER INFORMATION 17. ADDRESS GENERAL PARTNER INFORMATION 18. ADDRESS GENERAL PARTNER INFORMATION 18. ADDRESS GENERAL PARTNER INFORMATION 19. ADDRESS GENERAL PARTNER INFORMATION 19. ADDRESS GENERAL PARTNER INFORMATION 10. ADDRESS GENERAL PARTNER INFORMATION 11. ADDRESS GENERAL PARTNER INFORMATION 12. ADDRESS GENERAL PARTNER INFORMATION 13. ADDRESS GENERAL PARTNER INFORMATION 14. ADDRESS GENERAL PARTNER INFORMATION 15. ADDRESS GENERAL PARTNER INFORMATION 16. ADDRESS GENERAL PARTNER INFORMATION 17. ST. 3P 18. ADDRESS GENERAL PARTNER INFORMATION 18. ADDRESS GENERAL PARTNER INFORMATION 19. ADDRESS G	ŀ		6. Name and Address of Curren	t Registered Agent		Γ	7. Name and Ad	ddress of New Regis	<u></u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SICNATURE Signature Signature		405 SW ATLANTIC DRIVE				Name Doris Shaw Street Address (P.O. Box Number is Not Acceptable)				
The obligations of registaged agent. SIGNATURE Signamus. Spread or printed name of registaged agent and all applicative. 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 armendment must be filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DODMANT / NAME SIREH ADDRESS CITY-ST-2P DODMANT / NAME SIREH ADDRESS CITY-ST-2P DOCUMENT / NAME SIREH ADDRESS							•			
FILE NOW; IF FEE IS \$500.00 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 13. ADDRESS CHANGES ONLY 14. GEO BANANGEMENT, INC. STREET ADDRESS CITY-ST-2P COLUMENT / NAME STREET ADDRESS CITY-ST-2P CITY-ST	-	The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.				ed office or register	red agent, or both,		. I am lamiliar with, and accept	
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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 13. ADDRESS CHANGES ONLY 14. PO00000052148 KBCB MANAGEMENT, INC. 405 SW ATLANTIC DRIVE CITY-ST-2P 15. LANTANA, FL 33462 16. SIRET ADDRESS CITY-ST-2P 16. COLUMENT / NAME SIRET ADDRESS CITY-ST-2P 17. ST-2P 18. SIRET ADDRESS CITY-ST-2P 18. SIRET ADDRESS CITY-ST-2P 19. DOCUMENT / NAME SIRET ADDRESS CITY-ST-2P 19. DOCUMENT / NAME SIRET ADDRESS CITY-ST-2P 19. COLUMENT / NAME SIRET ADDRESS CITY-		SIGNATURE Signature, typed or printed name of registered agent and little if applicable.					<u>3</u>	(36 (08		
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 16. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 16. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. STREET ADDRESS 17. ST. 2P 18. DOCUMENT / NAWE 15. DOCU		After May 1, 2008, Fee will be \$900.00								
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 1000MENT / NAWE STREET ADDRESS CITY-ST-2P LANTANA, FL 33462 1000MENT / NAWE STREET ADDRESS CITY-ST-2P 1000MENT / NAWE STREET ADDRESS CITY	ļ									
NAME STRET ADDRESS CITY-ST-2P DOCUMENT / NAME STRET ADDRESS CITY-ST-2P CITY-ST-2P CITY-ST-2P THE PROPERSS CITY-ST-2P THE PROPERS THE PROPERSS CITY-ST-2P THE PROPERS THE PROPERSS CITY-ST-2P THE P	ļ					3. ADDRESS CHANGES ONLY				
CITY-ST-ZP LANTANA, FL 33462 DOCUMENT / MANE STREET ADDRESS CITY-ST-ZP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP THE ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP THE ADDRESS C	١	NAME	KBCB MANAGEMENT, INC.		STREET AD		ORESS 270 South County Road			
NAME STREET ADDRESS CITY-ST-ZP OOCUMENT / NAME STREET ADDRESS CITY-ST-ZP TO OCUMENT		CITY-ST-ZIP			CITY	CHY-ST-ZIP Palm Bea		FL 33480		
CITY-SI-ZIP OCCUMENT / NAME STREET ADDRESS CITY-SI-ZIP DOCUMENT		NAME			STRE	EET ADDRESS	-	001251		
STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP The reby certify that the information supplied with this filling 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: SIGNATURE: STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP D	-			_			0472	<u> 2/0801018</u>	5012 **500.00	
CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP TAMME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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: SIGNATURE: STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME		STREET ADDRESS			ı	-				
SIGNATURE: CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. 1 hereby certify that the information supplied with this filling 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: SIGNATURE: 3/26/08	-	DOCUMENT /								
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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: SIGNATURE: SIREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 3/366/08	띭	STREET ADDRESS			CITY	'-ST-ZIP				
OCCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 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: 3/366/08	岩				STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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: 3/366/08	뜅				CITY	'-ST-ZIP				
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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: 3/366/08	STAPL	NAME			STRE	EET ADORESS	· · · · · · · · · · · · · · · · · · ·			
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: 3/366/08		CITY-ST-ZIP		the total after a	1_			Florida Donat La 11	the second the second second	
SIGNATURE: Werdy Brown 3/26/08		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								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date On Date Display Prone #		SIGNAT	URE: Werdy	Brow			3/8	80/08		