


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL - 9 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # A00000001686			
1. Name of Limited Partnership KBJT LIMITED PARTNERSHIP			
2. Principal Office Address 4929 N. Lydell Ave		3. Mailing Office Address 4929 N. Lydell Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MILW, WI		City & State MILW, WI	
Zip 53217	Country USA	Zip 53217	Country USA
4. Date Formed or Registered To Do Business in Florida 11/03/2000		5. FEI Number 59-3701285	
		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7a. Capital Contributions as shown on Record: \$ 304,709.00		7b. Amount of Capital Contributions in FLORIDA to date: \$ 304,709.00	
FEES:			
1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.			
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.			
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent			
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8. Name and Address of Current Registered Agent			
Name SAM I REIBER, ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 601 E. TWIGGS ST.			
Suite, Apt. #, Etc. SUITE 200			
City TAMPA		State FL	Zip Code 33602
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Robert J. Peret	3790 SHERMAN RD	SLINGER, WI 53086	A00000001686
CYNTHIA A. PERET	3790 SHERMAN RD	SLINGER, WI 53086	A00000001686
		700038935457 07/09/04--01034--001 **2052.50	
REINSTATEMENT 6304			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(l) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE Robert Peret		DATE 7/7/04	
Typed or Printed Name of General Partner Signing Form Robert Peret		Telephone Number 414-349-6183	

CR2E039 (10/02)