#### 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

### DOCUMENT # A0000001702

1. Entity Name KOHN ENTERPRISES, LTD., LLLP



**FILED** Feb 08, 2007 08:00 AM **Secretary of State** 

Principal Place of Business 1380

Mailing Address

4520 ROYAL PALM SQUARE BOULEVARD, 875320 FORT MYERS, FL 33919

**431 SUWANEE** PARK FOREST, IL 60466

### DO NOT WRITE IN THIS SPACE

01072007 No Chg-LP CR2E003 (12/06)

4. FEI Number 58-2584114

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOENFELD, LOWELL 1380 ROYAL PALM SQUARE BOULEVARD FORT MYERS, FL 33919

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| <ol><li>The above named entity submits this statement for the purpose of changing its registere<br/>the obligations of registered agent.</li></ol> | ed office or registered agent, or both, in the State of Florida. | I am familiar with, and accept |
|--|--|--------------------------------|
| SIGNATURE Signature, lypod or printed name of registered agent and life if applicable.   |  | DATE                           |

FILE NOW!!! FEE IS \$500,00 After May 1, 2007, Fee will be \$900.00

02/16/07-80015-015 500.00

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 filed to change a general partner.

| 12.   | GENERAL PARTNER INFORMATION                                     |
|---|---|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          | KOHN, MARILYN J TRUSTEE<br>431 SUWANEE<br>PARK FOREST, IL 60466 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          |   |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          |   |
| DOCUMENT # HAME STREET ADDRESS CITY-ST-ZIP          |   |
| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          |   |

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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 it 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: Îna

STAPLE CHECK HERE

G GENERAL PARTNER