

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
May 05, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # A00000001740</b> 1. Entity Name <b>KWOCKITY DOCK LTD.</b>					
Principal Place of Business <b>530 GREEN DOLPHIN DR. S. PLACIDA, FL 33946</b>			Mailing Address <b>530 GREEN DOLPHIN DR. S. PLACIDA, FL 33946</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			4. FEI Number <b>65-1061344</b> <div style="float: right; border: 1px solid black; padding: 2px;">         Applied For Not Applicable       </div>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			6. Name and Address of Current Registered Agent  <b>FURNER, EVA L 530 GREEN DOLPHIN DR. S. PLACIDA, FL 33946</b>		
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code			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>		
9. Capital Contributions as Shown on record. <b>\$141,526.11</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$141,526.11</b>		
<b>11. \$526.25</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	DOCUMENT #	NAME
FURNER, EVA L	530 GREEN DOLPHIN DR. S.	PLACIDA, FL 33946			
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.					
<b>SIGNATURE:</b> <i>Eva L Furner</i>			Date: <b>4/22/05</b> Daytime Phone #: <b>941-828-0121</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



04192005    Chg-LP    CR2E003 (10/03)

STAPLE CHECK HERE