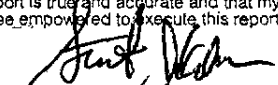


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001833 1. Entity Name KAUFMAN GROUP ENTERPRISES LIMITED PARTNERSHIP, LLLP					
Principal Place of Business 804 TARAY DE AVILA TAMPA, FL 33613			Mailing Address 804 TARAY DE AVILA TAMPA, FL 33613		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03232005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-3684494	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AYLWARD, ROBERT E ESQ. 600 SOUTH MAGNOLIA AVE., SUITE 100 TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature: typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$400,000.00		10. Amount of Capital Contributions in FLORIDA to date			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	KAUFMAN, STUART J		CITY-ST-ZIP		
STREET ADDRESS	804 TARAY DE AVILA		CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA, FL 33613		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
NAME	KAUFMAN, DEBRA L		STREET ADDRESS		
STREET ADDRESS	804 TARAY DE AVILA		CITY-ST-ZIP		
CITY-ST-ZIP	TAMPA, FL 33613		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
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NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			3/28/05 (813) 788-		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Stuart Kaufman			Date Daytime Phone #		

STAPLE CHECK HERE