


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

**FILED**  
**May 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> A00000001833 <b>1. Entity Name</b> KAUFMAN GROUP ENTERPRISES LIMITED PARTNERSHIP, LLLP	
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<b>Principal Place of Business</b> 804 TARAY DE AVILA TAMPA, FL 33613	<b>Mailing Address</b> 804 TARAY DE AVILA TAMPA, FL 33613
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04192007 No Chg-LP

CR2E003 (12/06)

<b>4. FEI Number</b> 59-3684494	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  AYLWARD, ROBERT E ESQ. 600 SOUTH MAGNOLIA AVE., SUITE 100 TAMPA, FL 33606
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**DO NOT WRITE  
IN THIS SPACE**

**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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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.**

<b>12. GENERAL PARTNER INFORMATION</b>	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	KAUFMAN, STUART J 804 TARAY DE AVILA TAMPA, FL 33613
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	KAUFMAN, DEBRA L 804 TARAY DE AVILA TAMPA, FL 33613
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U00000762455  
05/29/07-80008-020 500.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/22/07 (813) 788-7644

Stuart Kaufman, Partner

STAPLE CHECK HERE