2004 L	IMITED PAF DU	RTNERSH Je by Ma	IIP ANNUAL I AY 1, 2004	REPO	RT (A	AR)					
DOCUMENT # A0000001882  1. Entity Name							· · · · · · · · · · · · · · · · · · ·			)	
KDW PARTNERSHIP, LTD.								04 FEB 1			
Principal Place of Business Mailing Address								SECHCTA! TALLAHAS	Y Sr.	STATE	-
	N B <del>AY D</del> RIVE BEA <del>CH FL 32</del> 119-13	63	91 <del>7 PELICAN BAY DR</del> DA <del>YTONA BEACH F</del> E		363			MELMAN	SLE FL	LURIUA	Mar
2. Principal Place of Business 4 ECEAUS WBLVd. 2008 4 OCEAUS W.					ы. Ы.						
Suite, Apt. #, etc. 204B							MOC	ORE CR2	E003 (11		111
City & State	SEACH Shores	City & State DAYFONA BEACH SE	Shores, FL			4. FEI Number 59	9-3745824		<del>- +</del>	lied For Applicable	
<sup>'Zip</sup> 32	Country 118	us	<sup>Žip</sup> 3218	Country	us		5. Certificate of Sta	tus Desired		75 Addition	onal
	6. Name and Addi	ress of Current F	legistered Agent	· · ·		-	7. Name and Addre	ess of New Regist	ered Agen	ıt	· · · · · ·
WILLIAMS, STANLEY G 917-RELICAN BAY-DRIVE DAYTONA BEACH FL 32119-1363					Name	-···	O Pay Number is N	ot Accortable)			-
					4 6	CE 9	P.O. Box Number is N Mら W BL	va.			
DATIONA BENOTITE GETTO 1000							204 B	>			
					City DA	VH0	NA BEACH	Shore	FL	Zip Code ゴンノ	18)
	named entity submits ions of registered agen		the purpose of changing its	registered	office or r	egistere	ed agent, or both, in t	he State of Florida.	I am famil	iar with, ar	nd accept
SIGNATURE					<u></u>	<del></del>					
Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions  10. Amount of Capital Contributions								MAKE CHECK PAY	ARIF TO	FI «NEPT I	OF STATE
as Shown on record. \$250,000.00 in FLORIDA to date					SEE REVERSE SIDE FOR FEE INFORM MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
	NOTE: Genera	L PARINER II I Partners MA	Y NOT be changed on t	iiii Y MU: he form;	an amen	iEGIST idmen	t must be filed to	E WITH THIS O change a genera	FFICE. Il partne	r.	
12.	GEN	IERAL PARTNER	INFORMATION	13.			A	DDRESS CHANGE	SONLY		
DOCUMENT # NAME	P9900006701 PELICAN ENTERPRISES TEAM, INC.				ADDRESS	4	OCEANS	W. BLV	d.	200	4B
STREET ADDRESS CITY-ST-ZIP	917 PELICAN BAY DRIVE				iT-ZIP	04,	HONA BEAG	th Shope	C #4	32	-118
DOCUMENT /					STREET ADDRESS				<del>3) / 3 /</del>	<u> </u>	<u>VI. G.</u>
STREET ADDRESS CITY-ST-ZIP	;				CITY-ST-ZIP						
DOCUMENT #				STREET	ADDRESS		5000	Jodáda	iUSe	<del></del>	
STREET ADDRESS  CITY-ST-ZIP	SS				CITY-ST-ZIP		02/25/04-	029333 -01010011	**5	35.00	<u> </u>
DOCUMENT #				STREET	ADDRESS						
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP						
DOCUMENT #				STREET	ADDRESS	· -					
STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP						<del> · ·</del>
DOCUMENT #				STREET	ADDRESS						
STREET ADDRESS					F						

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING GENERAL PARTNER

386-760-0192