


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # A00000001882	
1. Entity Name KDW PARTNERSHIP, LTD.	


Principal Place of Business 4 OCEANS W BLVD. SUITE 204B DAYTONA BEACH SHORES FL 32118	Mailing Address 4 OCEANS W BLVD. SUITE 204B DAYTONA BEACH SHORES FL 32118
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/07)

City & State	City & State	4. FEI Number 59-3745824	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired  \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, STANLEY G 4 OCEANS W BLVD. SUITE 204B DAYTONA BEACH SHORES FL 32118	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 CITY-ST-ZIP	P99000006701 PELICAN ENTERPRISES TEAM, INC. 4 OCEANS W BLVD. DAYTONA BEACH SHORES FL 32118	STREET ADDRESS CITY-ST-ZIP	U00000798498 01/30/08-80031-011 508.75
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STAPLE CHECK HERE

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:  **1/23/08 386-760-0192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER