

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000002015 1. Entity Name KRI-TRAY II LIMITED PARTNERSHIP					
Principal Place of Business 8153 VIA VECCHIA NAPLES, FL 34108-7701			Mailing Address 8153 VIA VECCHIA NAPLES, FL 34108-7701		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3685598	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BLOW, WARNER C 8153 VIA VECCHIA NAPLES, FL 34108-7701			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$1,000,000.00			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		
STREET ADDRESS	8153 VIA VECCHIA		CITY-ST-ZIP		
CITY-ST-ZIP	NAPLES, FL 341087701				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	BLOW, PATTI O		CITY-ST-ZIP		
CITY-ST-ZIP	11721 N PA BE SHAN TRAIL				
	CHARLEVOIX, CI 49720				
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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

SIGNATURE: Warner C Blow
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/18/04 239 591 2595
 Date Daytime Phone #