


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A0100000480</b>                  |  |
| 1. Entity Name<br>PKP 2001 LIMITED PARTNERSHIP |   |

|  |  |
|--|--|
| Principal Place of Business<br>1322 ALCYON COURT<br>CARLSBAD, CA 92009 | Mailing Address<br>1322 ALCYON COURT<br>CARLSBAD, CA 92009 |
|--|--|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                    |                    |
|--------------------|--------------------|
| Suite, Apt. #, etc | Suite, Apt. #, etc |
|--------------------|--------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



01262004 Chg-LP CR2E003 (10/03)

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                               |  | 7. Name and Address of New Registered Agent        |  |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 |  | Name   |  |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|   |  | City   |  |
|   |  | FL Zip Code  |  |

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>33-0960669 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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 _____ |
|-----------------|------------|

|   |   |
|---|---|
| 9. Capital Contributions as Shown on record. \$495.00 | 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 #                      | PALUMBO, PHILIP R<br>1322 ALCYON COURT<br>CARLSBAD, CA 92009 | STREET ADDRESS           |  |
| NAME                            |  | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |  |                          |  |
| DOCUMENT #                      |  | STREET ADDRESS           |  |
| NAME                            |  | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |  |                          |  |
| DOCUMENT #                      |  | STREET ADDRESS           |  |
| NAME                            |  | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |  |                          |  |
| DOCUMENT #                      |  | STREET ADDRESS           |  |
| NAME                            |  | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |  |                          |  |
| DOCUMENT #                      |  | STREET ADDRESS           |  |
| NAME                            |  | CITY - ST - ZIP          |  |
| STREET ADDRESS                  |  |                          |  |

1100000126250  
04/29/04-80010-011 141.25

STAPLE CHECK HERE

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

|   |  |
|---|--|
| <b>SIGNATURE:</b>  | Philip R. Palumbo, Trustee, GP 1/29/04 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  | Date Daytime Phone #                   |