

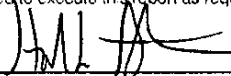
2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 MAY -3 PM 2: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001518					
1. Entity Name K&L HOLDINGS, LTD.					
Principal Place of Business ONE STEINBRENNER DRIVE TAMPA, FL 33614			Mailing Address ONE STEINBRENNER DRIVE TAMPA, FL 33614		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. C/O JEFFREY C. SHANNON, ESQ. 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, hand printed name of registered agent with the fee paid.					
9. Capital Contributions as Shown on record. \$980,100.00			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 #	P00000025209		STREET ADDRESS		
NAME	MARTINIQUE HOLDINGS, INC.		CITY ST ZIP		
STREET ADDRESS	ONE STEINBRENNER DRIVE			800055363988	
CITY ST ZIP	TAMPA, FL 33614			05/26/05--01022--008 **526.25	
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STREET ADDRESS					
CITY ST ZIP					

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:  **4/28/05** **813-673-3130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PLEASE CHECK HERE