

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001560 1. Entity Name KRC PROPERTY, LTD.								
Principal Place of Business 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607			Mailing Address 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607					
2. Principal Place of Business - No P.O. Box # 515 South 6th Street		3. Mailing Address 7436 Woodlawn Road						
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 						
City & State Macclenny, FL		City & State Macclenny, FL		4. FEI Number 59-3759514				
Zip 32063		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent CURTIS, JOHN M 11635 N.W. 1ST AVENUE GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent Name Terrence M. Brown, PA Street Address (P.O. Box Number is Not Acceptable) 486 North Temple Avenue City Starke, FL Zip Code 32091					
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 2/27/07				
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00								
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 #	P01000112604		STREET ADDRESS	486 North Temple Avenue				
NAME	KRC PROPERTY, INC.		CITY-ST-ZIP	Starke, FL 32091				
STREET ADDRESS	11635 N.W. 1ST AVENUE		500101975515 05/09/07--01047--023 **500.00					
CITY-ST-ZIP	GAINESVILLE, FL 32607							
DOCUMENT #						STREET ADDRESS		
NAME						CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS					
NAME			CITY-ST-ZIP					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS					
NAME			CITY-ST-ZIP					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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:			DATE 2/27/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #					

STAPLE CHECK HERE