


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

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR -8 PM 4:02

<b>DOCUMENT # A01000001632</b>	
1. Entity Name KORMAN ENTERPRISES LIMITED PARTNERSHIP	

Principal Place of Business 2216 N. DIXIE HWY BOCA RATON, FL 33431	Mailing Address 2216 N. DIXIE HWY BOCA RATON, FL 33431
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02272004 Chg-LP CR2E003 (10/03)

4. FEI Number 60-0000236		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name: <u>INGEBORG SCHUETZ</u> Street Address (P.O. Box Number is Not Acceptable): <u>2121 N. OCEAN BLVD # 309 W</u> City: <u>BOCA RATON</u> FL Zip Code: <u>33431</u>	
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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: Ingeborg Schuetz DATE: 03/11/04

9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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	L01000021743 KS INVESTMENTS, LLC 2216 N. DIXIE HWY BOCA RATON, FL 33431	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900031187689 03/25/04--01032--009 **526.25
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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

SIGNATURE: X/Helen Bruveman 3-1-04 561-394-4008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #