

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000001688**

**1. Entity Name**  
**KEMPKE ENTERPRISES, LTD.**



**Principal Place of Business**  
**101 GORDON STREET**  
**SANFORD, FL 32771**

**Mailing Address**  
**101 GORDON STREET**  
**SANFORD, FL 32771**



02212006 No Chg-LP

CR2E003 (11/05)

**4. FEI Number**  
**04-3590822**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**NOWICKI, MARK J ESQ.**  
**14155 U.S. HIGHWAY ONE, SUITE 210**  
**JUNO BEACH, FL 33408**

**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**

*Signature, typed or printed name of registered agent and title if applicable.*

**DATE**

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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**

**DOCUMENT #**  
**NAME** KEMPKE, WILLIAM TRUSTEE  
**STREET ADDRESS** 101 GORDON STREET  
**CITY-ST-ZIP** SANFORD, FL 32771

**DOCUMENT #**  
**NAME** KEMPKE, SHIRLEY A TRUSTEE  
**STREET ADDRESS** 101 GORDON STREET  
**CITY-ST-ZIP** SANFORD, FL 32771

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**CITY-ST-ZIP**

000000451149  
03/10/06-80040-009 500.00

**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:**

*Shirley A Kempke*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

*2/23/06*  
**Date**  
*(407) 562-0333*  
**Daytime Phone #**

STAPLE CHECK HERE