2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A01000001688

1. Entity Name
KEMPKE ENTERPRISES, LTD.

Principal Place of Business	Mailing Address
101 GORDON STREET SANFORD, FL 32771	101 GORDON STREET SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

03282008 No Chg-LP   CR2E003 (12/06)

4. FEI Number	Applied For
04-3590822	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

DO NOT WRITE
IN THIS SPACE

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, 2008, Fee will be $900.00**	U00000901772 04/29/08-80080-025 500.00

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

DO NOT WRITE
IN THIS SPACE

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

STAPLE CHECK HERE