
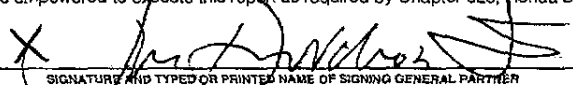


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000202 1. Entity Name KDS ASSET MANAGEMENT, LLLP					
Principal Place of Business ONE INDEPENDENT DRIVE, SUITE 2600 C/O CLAY B. TROUSEY, JR. JACKSONVILLE, FL 32202			Mailing Address 8623 IRVINGTON AVE. BETHESDA, MD 20817		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03222005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TOUSEY, CLAY B ONE INDEPENDENT DRIVE, SUITE 2600 JACKSONVILLE, FL 32202				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$3,570,588.29			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 #	NAME		STREET ADDRESS		
STREET ADDRESS	8623 IRVINGTON AVE.		CITY-ST-ZIP		
CITY-ST-ZIP	BETHESDA, MD 20817		STREET ADDRESS		
DOCUMENT #	NAME		CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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DOCUMENT #	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 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: 			DATE: 4/19/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>DATE DAYTIME PHONE #</small>		

STAPLE CHECK HERE



03222005 Chg-LP CR2E003 (10/03)

4. FEI Number **01-0598452**
☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FL

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04/27/05-80005-012 526.25