2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

SIGNATURE:

FILED Mar 23, 2007 08:00 A Secretary of State

| Due by may 1, 2007 | | | | Secretary of Stat | | |
|---|--|--|--------------------------------------|--|--|----------------------------|
| DOCUMENT # A0200000202 1. Entity Name KDS ASSET MANAGEMENT, LLLP | | | | | Secreta | ny or Stat |
| ONE INDEPE | e of Business NDENT DRIVE, SUITE 2600 TROUSEY, JR. .E, FL 32202 | Mailing Address 8623 IRVINGTON AVE. BETHESDA, MD 20817 | | } | 11% 31 % 150% 1 510 150% 181 | 11 KONIO 1101012 DI 1865 |
| | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | 02162007 No Chg-LP | CR2E003 (| 12/06) |
| | | | | 4. FEI Number 01-0598452 | - | Applied For Not Applicable |
| | | | | 5. Certificate of Status Desi | | 75 Additional Required |
| | 6. Name and Address of Current I | Registered Agent | | | | |
| TOUSEY, CLAY B ONE INDEPENDENT DRIVE, SUITE 2600 JACKSONVILLE, FL 32202 | | | | DO NOT | 医外侧部 實施 加加斯 | |
| | named entity submits this statement for tions of registered agent. | the purpose of changing its regi | stered office or register | ed agent, or both, in the State | of Florida. I am famili | ar with, and accept |
| SIGNATURE | IIONS OF registered agent. | | | | | |
| SIGNATORE | Signature, typed or printed name of registered agent a | nd tile if appacable. | | | DATE | |
| | After May 1, 2 | 711 FEE IS \$500.00 007, Fee will be \$900.00 | | | | |
| ļ ļ | A GENERAL PARTNER TI NOTE: General Partners MA | HAT IS A BUSINESS ENTITY Y NOT be changed on the fo | Y MUST BE REGIST orm; an amendmen | TERED AND ACTIVE WITH the must be filed to change | H THIS OFFICE. e a general partner | r |
| 12. | GENERAL PARTNER | INFORMATION / | | The state of the s | | Carried La Compagn |
| DOCUMENT I NAME . STREET ADDRESS CITY-ST-ZIP | STULL FAMILY INVESTMENTS, 8623 IRVINGTON AVE. BETHESDA, MD 20817 | INC. | | | | |
| DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP | | | | 03/ | 1000006774 130707-8009 | 81 |
| DOCUMENT # | | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | į. | | DO NOT V | 二个化学结构的过去式 | |
| DOCUMENT # NAME | | | | IN THIS S | PACE | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | |
| DOCUMENT # NAME | | | | | | |
| STREET ADDRESS CITY - ST - ZIP | | 1 | | | | |
| DOCUMENT / NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | |

14. I hereby certify that the information supplied with this filling 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 Panner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER