

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

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

**DO NOT WRITE IN THIS SPACE**



02282008 No Chg-LP CR2E003 (12/06)

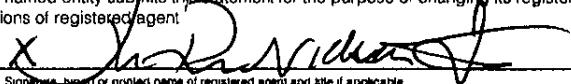
4. FEI Number 01-0598452	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, TOUSEY, LEAS & BALL, P.A.  
 818 N. A1A  
 SUITE 104  
 PONTE VEDRA BEACH, FL 32082

**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.

✓ 4/2/08  
 DATE

**FILE NOW!!! FEE IS \$500.00  
 After May 1, 2008, 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

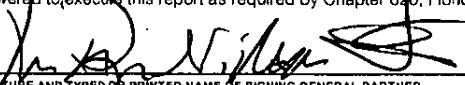
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STULL FAMILY INVESTMENTS, INC. 8623 IRVINGTON AVE. BETHESDA, MD 20817
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

000000920770  
 05/14/08-80058-002 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

✓ 4/2/08

Date Daytime Phone #