

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 24, 2008 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**



02282008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0598452

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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]

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

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

U000000920770
05/14/08-80058-002 500.00

**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: *

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

* 4/2/08
Date

Daytime Phone #

STAPLE CHECK HERE