

2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000000593

FILED
Jan 30, 2012
Secretary of State

Entity Name: KIMMEL LIMITED PARTNERSHIP

Current Principal Place of Business:

C/O KAUFMAN ROSSIN & CO//ATTN:G. MICHELSON
2699 SOUTH BAYSHORE DRIVE, SUITE 500
COCONUT GROVE, FL 33133

New Principal Place of Business:

C/O KAUFMAN ROSSIN & CO//ATTN:G. MICHELSON
2699 SOUTH BAYSHORE DRIVE, SUITE 300
COCONUT GROVE, FL 33133

Current Mailing Address:

C/O KAUFMAN ROSSIN & CO//ATTN:G. MICHELSON
2699 SOUTH BAYSHORE DRIVE, SUITE 500
COCONUT GROVE, FL 33133

New Mailing Address:

C/O KAUFMAN ROSSIN & CO//ATTN:G. MICHELSON
2699 SOUTH BAYSHORE DRIVE, SUITE 300
COCONUT GROVE, FL 33133

FEI Number: 01-0671158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHELSON, GERALD
C/O KAUFMAN ROSSIN & CO.
2699 SOUTH BAYSHORE DRIVE, SUITE 500
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

MICHELSON, GERALD
C/O KAUFMAN ROSSIN & CO.
2699 SOUTH BAYSHORE DRIVE, SUITE 300
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

01/30/2012

Date

GENERAL PARTNER INFORMATION:

Document #: G08120900365
Name: KIMMEL GENERAL PARTNER TRUST
Address: 2699 SOUTH BAYSHORE DRIVE, SUITE 500
City-St-Zip: COCONUT GROVE, FL 33133

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: GERALD MICHELSON

RA

01/30/2012

Electronic Signature of Signing General Partner

Date