2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 26 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A02000000787

1. Entity Name
K.B. LEMIEUX, LTD.

Principal Place of Business	Mailing Address
2840 W ORANGE AVE. APOPKA, FL 32703	2840 W ORANGE AVE. APOPKA, FL 32703
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04152004 Chg-LP CR2E003 (10/03) 5/26

4. FEI Number
04-3683984

☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: BERMAN, HOPKINS, + MOSS
Street Address (P.O. Box Number is Not Acceptable): 480 N. ORLANDO AVE.
SUITE # 218
City: WINTER PARK FL Zip Code: 32789

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: Ed Moss for Berman Hopkins & Moss DATE: 5/20/04
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: $900,000.00

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 #		STREET ADDRESS	
NAME	LEMIEUX, KEITH B		300037869903
STREET ADDRESS	2840 W ORANGE AVE.	CITY-ST-ZIP	06/11/04--01022--018 **526.25
CITY-ST-ZIP	APOPKA, FL 32703		
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STAPLE CHECK HERE

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: Keith B Lemieux 4/20/04 407-598-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #