

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 9:54

LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # AO2000000997

1. Name of Limited Partnership

KV PARTNERSHIP, LTD

2. Principal Office Address

2900 NW 165 STREET

Suite, Apt. #, etc.

City & State

CITRA, FL

Zip

32113

Country

3. Mailing Office Address

PO BOX 638

Suite, Apt. #, etc.

City & State

ORANGE LAKE, FL

Zip

32681

Country

CR2E039 (11/05)

4. Date Formed or Registered
To Do Business in Florida 07/08/2002

5. FEI Number
20-0001436

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
JANET VERVILLE

Street Address (P.O. Box Number is Not Acceptable)
2900 NW 165 STREET

Suite, Apt. #, Etc.

City
CITRA

State
FL

Zip Code
32113

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records Please Advise
the state had the wrong mailing
address & notice was not received

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

(REGISTERED AGENT MUST SIGN)

DATE 2/27/06

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

| 10. Name(s) of General Partner(s) | Address of Each General Partner (Do NOT Use Post Office Box Numbers) | City, State and Zip Code | 10a. Registration Document Number |
|-----------------------------------|---|--------------------------|--|
| KV, LLC | 2900 NW 165 STREET | CITRA, FL, 32113 | L02000017036 |
| | | | 500069959195 04/10/06--01061--012 **2000.00 |
| | | | REINSTATEMENT 03-06 |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Kimberly Verville For KV, LLC

Telephone Number

2/27/06
(352) 591-1159