


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN -9 AM 8:57

<b>DOCUMENT # A02000000997</b> 1. Entity Name <b>KV PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>2900 N.W. 165TH STREET</b> <b>CITRA, FL 32113</b>	Mailing Address <b>PO BOX 638</b> <b>ORANGE LAKE, FL 32681</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>2900 N.W. 165th Street</b> Suite, Apt. #, etc. City & State <b>CITRA, FLORIDA</b> Zip <b>32113</b> Country <b>USA</b>
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01032007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>20-0001436</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  <b>VERVILLE, JANET</b> <b>2900 NW 165 STREET</b> <b>CITRA, FL 32113</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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**FL** Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**600084143556**  
 01/12/07--01009--012 \*\*500.00

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>L02000017036</b> <b>KV, LLC</b> <b>2900 N.W. 165TH STREET</b> <b>CITRA, FL 32113</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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

Date: **1/3/07** Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE