


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 22 PM 2:38

DOCUMENT # A02000001030 1. Entity Name MARBELLA ESTATES, LTD.	
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Principal Place of Business % BOULDER VENTURE 4340 WEST HILLSBOROUGH AVENUE, SUITE 212 TAMPA, FL 33614	Mailing Address % BOULDER VENTURE 4340 WEST HILLSBOROUGH AVENUE, SUITE 212 TAMPA, FL 33614
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2. Principal Place of Business 2226 S.R. 580	3. Mailing Address 2226 S.R. 580
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clearwater, FL	City & State Clearwater, FL
Zip 33763	Country USA

03102004 Chg-LP CR2E003 (10/03)

4. FEI Number 51-0419706	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUDOBA, STEPHEN M 101 EAST KENNEDY BOULEVARD, SUITE 3700 TAMPA, FL 33614	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE
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9. Capital Contributions as Shown on record. \$51.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	A00000000733 KB INVESTMENT HOLDINGS, LTD. 4340 WEST HILLSBOROUGH AVENUE, SUITE 212 TAMPA, FL 33614	STREET ADDRESS CITY-ST-ZIP	2226 S.R. 580 Clearwater, FL 33763
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/10/04
Date

(727) 499-2226
Daytime Phone #

STAPLE CHECK HERE