

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A02000001057

1. Name of Limited Partnership

KGF ENTERPRISES, LTD.

2. Principal Office Address - No P.O. Box #

4931 Bonita Bay Blvd.

3. Mailing Office Address

One Oakbrook Terrace

Suite, Apt. #, etc.

#2603

Suite, Apt. #, etc.

#802

City & State

Bonita Springs, Florida

City & State

Oakbrook Terrace, Illinois

Zip

34134

Country

USA

Zip

60181

Country

USA

8. Name and Address of Current Registered Agent

Name

Kathleen G. Ford

Street Address (P.O. Box Number is Not Acceptable)

4931 Bonita Bay Boulevard

Suite, Apt. #, Etc.

#2603

City

Bonita Springs

State

FL

Zip Code

34134

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)

Kathleen G. Ford

DATE July 13, 2007

(REGISTERED AGENT MUST SIGN)

**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)

Kathleen G. Ford

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

4931 Bonita Bay Blvd.
#2603

City, State and Zip Code

Bonita Springs, FL 34134

10a. Registration
Document Number

BLT

FF's - \$2000
PF's - N/A
CUS \$8,75

REINSTATEMENT

2004-2007

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

Kathleen G. Ford

DATE

7-16-2007

Typed or Printed Name of General Partner Signing Form

Kathleen G. Ford

Telephone Number

239-948-3754