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

## **DOCUMENT # A02000001302**

1. Entity Name

WILLIAM KENNEDY ASSOCIATES, LTD.



FILED
May 03, 2007 08:00 AM
Secretary of State

Principal Place of Business

4121 SOUTH WEST 34TH STREET ORLANDO, FL 32811

Mailing Address

4121 SOUTH WEST 34TH STREET ORLANDO, FL 32811



04282007 No Chg-LP

CR2E003 (12/06)

4. FEI Number	 Applied For
51-0430424	 Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KENNEDY, WILLIAM P 4121 SOUTH WEST 34TH STREET ORLANDO, FL 32811

## DO NOT WRITE IN THIS SPACE

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8. The above	named entity submits this statement for the purpose of changing its re	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
	tions of registered agent.	against a construction of the construction of	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	DATE	
	FILE NOWILL FEE IS \$500.09 After May 1, 2007, Fee will be \$900.	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		
DOCUMENT #	L02000021824		
NAME	WILLIAM KENNEDY MANAGEMENT COMPANY, L.L.C.		
STREET ADDRESS	4121 SOUTH WEST 34TH STREET		
CITY-ST-ZIP	ORLANDO, FL 32811		
DOCUMENT #			
NAME			
STREET ADDRESS		U00000760340	
CITY-ST-ZIP		05/25/07-80008-018 500.00	
DOCUMENT #		\$ 200 E07 07 00000 010 0000, QQ	
NAME		DO NOT WOITE	
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NAME			
STREET ADDRESS CITY+ST-ZIP			
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NAME STREET ADDRESS		'	
STREET ADDRESS City-St-Zip			
DOCUMENT #	·		
NAME CTREET ADDRESS		·	
STREET ADDRESS CITY-ST-ZIP			
14. I hereby o	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	

14. I hereby certify that the information supplied with this filling 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 path; 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

WILLIAMF

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STOLING GENERAL

4/33/07

Daytime Phone #