#### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

#### **DOCUMENT # A03000000082**

1. Entity Name

KINSMAN HOSPITALITY OF CLEARWATER, LTD.



Principal Place of Business

ONE STEINBRENNER DRIVE TAMPA, FL 33614

Mailing Address

1900 SW 60TH AVENUE OCALA, FL 34474

**FILED** Feb 08, 2008 08:00 AN **Secretary of State** 



### DO NOT WRITE IN THIS SPACE

01032008 No Cha-LP CR2E003 (12/06)

4. FEI Number Applied For 34-1975551 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

TATE, MARK T ESQUIRE 212 S. MAGNOLIA AVENUE TAMPA, FL 33606

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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

Signature, typed or printed name of registered agent and title if applicable

กว/19/กฎ-เกิดตัดตัว-กวร

## FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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
STAPLE CHECK HERE	DOCUMENT / NAME STREET ADDRESS	P03000035398 KINSMAN CLEARWATER PROPERTIES CORPORATION ONE STEINBRENNER DRIVE
	CITY-ST-ZIP	TAMPA, FL 33614
	DOCUMENT # NAME STREET ADDRESS CHY-SI-ZIP	
	DOCUMENT / NAME STREET ADDRESS - CITY-SI-ZIP	
	DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

# DO NOT WRITE IN THIS SPACE

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

Don Steimle

1-28-08

352-873-2419