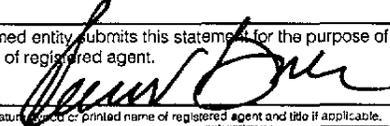
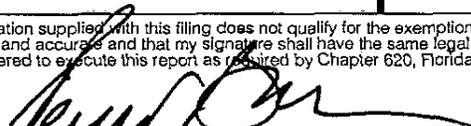


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # A03000001006					
1. Entity Name BIRK FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 3909 LITHIA RIDGE BOULEVARD VALRICO, FL 33594 US			Mailing Address 3909 LITHIA RIDGE BOULEVARD VALRICO, FL 33594 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0085874	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BIRK, RONALD F 3909 LITHIA RIDGE BOULEVARD VALRICO, FL 33594				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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  RONALD F. BIRK DATE 4/25/05					
9. Capital Contributions as Shown on record. \$4,000,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$437,000 526,250		
<p>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.</p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P03000076359		STREET ADDRESS		
NAME	KRIB CORPORATION		CITY - ST - ZIP		
STREET ADDRESS	3909 LITHIA RIDGE BOULEVARD				
CITY - ST - ZIP	VALRICO, FL 33594				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS	1100000362358	
NAME			CITY - ST - ZIP	05/05/05-80112-024 526.25	
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
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:  4/25/05 813-654-7151					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date	Daytime Phone #



02122005 Chg-LP CR2E003 (10/03)

STAPLE CHECK HERE