

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A03000001592**

1. Entity Name  
**KMA CAPITAL PARTNERS LTD**



**FILED**

04 JUN -7 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**239 CHESTNUT RIDGE STREET**  
**WINTER SPRINGS, FL 32708 US**

Mailing Address  
**239 CHESTNUT RIDGE STREET**  
**WINTER SPRINGS, FL 32708 US**



2. Principal Place of Business  
**1367 OLYMPIA PARK CIR**  
Suite, Apt. #, etc.

3. Mailing Address  
**1367 OLYMPIA PARK CIR**  
Suite, Apt. #, etc.

04302004 Chg-LP CR2E003 (10/03)

City & State  
**OCOCHEE FL**

City & State  
**OCOCHEE FL**

4. FEI Number  
**03-0531072** Applied For  
Not Applicable

Zip Country  
**34761 USA**

Zip Country  
**34761 USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALISBURY, ELLEN M**  
**1367 OLYMPIA PARK CIRCLE**  
**OCOCHEE, FL 34761**

7. Name and Address of New Registered Agent

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

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

DATE

9. Capital Contributions  
as Shown on record: **\$0.00**

10. Amount of Capital Contributions  
in FLORIDA to date: **50,000**

**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  
**SALISBURY, ELLEN M**  
**239 CHESTNUT RIDGE STREET**  
**WINTER SPRINGS, FL 32708**

STREET ADDRESS  
CITY-ST-ZIP  
**1367 OLYMPIA PARK CIRCLE**  
**OCOCHEE, FLORIDA 34761**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**800037873818**  
**06/11/04 01035-024 \*\*\*447-50**

DOCUMENT #  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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:**

*Ellen M Salisbury*  
**SALISBURY, ELLEN M**

4/30/04

407-654-2683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE