

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

04 APR 30 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04202004 Chg-LP CR2E003 (10/03)

4. FEI Number **26-0076590**
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**DOCUMENT # A03000001607**1. Entity Name
KMK AFFILIATED, LLLPPrincipal Place of Business
**650 CARTER ROAD
WINTER GARDEN, FL 34787**Mailing Address
**650 CARTER ROAD
WINTER GARDEN, FL 34787**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**BRYANT, CARLA DELOACH ESQ
1201 SOUTH ORLANDO AVENUE, STE. 350
WINTER PARK, FL 32789**

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. **\$0.00****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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **KELLY, SHARON H TRUSTEE**
STREET ADDRESS **650 CARTER ROAD**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

STREET ADDRESS

CITY-ST-ZIP

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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: **Sharon Kelly** Sharon Kelly, Trustee**4-20-04** 401-740-5005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE