


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAR 21 AM 10:35

DOCUMENT # A03000001607					
1. Entity Name KMK AFFILIATED, LLLP					
Principal 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	03092005 Chg-LP CR2E003 (10/03) 4. FEI Number 26-0076590 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DELOACH BRYANT, CARLA ESQUIRE 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	KELLY, SHARON H TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	650 CARTER ROAD				
CITY-ST-ZIP	WINTER GARDEN, FL 34787				
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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: <i>Kenneth Kelly</i>			KENNETH KELLY 3/8/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
			Daytime Phone #		

STAPLE CHECK HERE

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407-654-0500