2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

	Due by ma	y 1, 2000		_ · · · · ·		
DOCUMENT # A0300001607 1. Entity Name KMK AFFILIATED, LLLP				DIMISTO THE STATE OF THE STATE		
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650 CARTER	ce of Business ROAD DEN, FL 34787	Mailing Address 650 CARTER ROAD WINTER GARDEN, FL 34787			1 1718 BOW BOW DIE A	FIE FIIN FEIN KRIER EI IATI
				01242006 No Chg-Li		003 (11/05)
	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	Onze	Applied For
				26-0076590 5. Certificate of Status De	esired 🗌	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent		· · · · · · · · · · · · · · · · · · ·		
DELOACH BRYANT, CARLA ESQUIRE 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803				DO NOT	المراودة المستحد	
ORLANDO	7, FC 32003			IN THIS	SPACE	E
	named entity submits this statement for titions of registered agent.	he purpose of changing its registe	red office or register	red agent, or both, in the Sta	ate of Florida. I am	familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	i fite ii applicable.		***************************************	DATE :	
	FILE NOW!	!! FEE IS \$500.00 06, Fee will be \$900.00		02/14/06		
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENTITY IN NOT be changed on the form				
12. DOCUMENT #	GENERAL PARTNER I	NFORMATION				
NAME STREET ADDRESS	KELLY, SHARON H TRUSTEE 650 CARTER ROAD					
CITY-ST-ZIP DOCUMENT /	WINTER GARDEN, FL 34787	1				
NAME STREET ADDRESS						
CITY-ST-ZIP DOCUMENT						
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE	
DOCUMENT # NAME STREET ADDRESS				IN THIS	SPACE	
CITY-ST-ZIP			A.	77 ₀		
NAME STREET ADDRESS CITY+ST-ZIP		:				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP						
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 emplowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: 1/3 c / 0 6 407-654-0500						
JIGITAL	VIII	· · · · · · · · · · · · · · · · · · ·				