

# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A04000000151

Entity Name: K FIVE, LLLP

FILED  
Feb 01, 2007  
Secretary of State

**Current Principal Place of Business:**

2435 U.S. 19, STE 600  
HOLIDAY, FL 34691

**New Principal Place of Business:**

2515 COUNTRYSIDE BLVD  
SUITE C  
CLEARWATER, FL 33763

**Current Mailing Address:**

2435 U.S. 19, STE 600  
HOLIDAY, FL 34691

**New Mailing Address:**

2515 COUNTRYSIDE BLVD  
SUITE C  
CLEARWATER, FL 33763

FEI Number: 20-0665433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KHAN, NAZEER H MD  
2435 US 19, STE 600  
HOLIDAY, FL 34691 US

**Name and Address of New Registered Agent:**

KHAN, HAIDER A MD  
2515 COUNTRYSIDE BLVD  
CLEARWATER, FL 33763 US

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.

SIGNATURE: HAIDER A KHAN, MD

02/01/2007

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: KHAN, NAZEER H  
Address: 2435 U.S. 19, STE 600  
City-St-Zip: HOLIDAY, FL 34691

**ADDRESS CHANGES ONLY:**

Address: 2515 COUNTRYSIDE BLVD  
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NAZEER H KHAN, MD

GP

02/01/2007

Electronic Signature of Signing General Partner

Date