
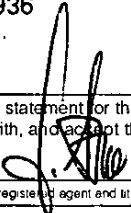




2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT #A04000000909 1. Entity Name KIDS OF LEHIGH LTD			
Principal Place of Business 1491 EAST POINT DRIVE LEHIGH ACRES FL 33936		Mailing Address 1491 EAST POINT DRIVE LEHIGH ACRES FL 33936	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address KIDS OF LEHIGH P.O. Box 1101	
City & State		City & State LEHIGH ACRES	
Zip 33970	Country FL	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		1ST MOORE CR2E003 (10/04)	
6. Name and Address of Current Registered Agent KIDS OF LEHIGH, INC. 1491 EAST POINT DRIVE LEHIGH ACRES FL 33936		7. Name and Address of New Registered Agent Name KARL STERR Street Address (P.O. Box Number is Not Acceptable) 421. N. KINLEY AVE City LEHIGH ACRES 33936 FL Zip Code 33936	
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 4/20/05		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
9. Capital Contributions as Shown on record. \$1,360,000.00		10. Amount of Capital Contributions in FLORIDA to date. 	
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	P04000068186 KIDS OF LEHIGH, INC. 1491 EAST POINT DRIVE LEHIGH ACRES FL 33936	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	
Date		Daytime Phone #	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 26 AM 9:08



STAPLE CHECK HERE

700055370417
05/26/05 01040 001 **141.25