


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # A04000001070	
1. Entity Name KULVIN HOLDINGS LIMITED PARTNERSHIP	

Principal Place of Business 13611 DEERING BAY DRIVE, APT. 202 CORAL GABLES FL 33158	Mailing Address 13611 DEERING BAY DRIVE, APT. 202 CORAL GABLES FL 33158
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **20-1610585** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS 515 E. PARK AVE. TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	P04000098486	STREET ADDRESS	
NAME	KULVIN INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	13611 DEERING BAY DRIVE, APT. 202		
CITY-ST-ZIP	CORAL GABLES FL 33158		
DOCUMENT #		STREET ADDRESS	U00000411960
NAME		CITY-ST-ZIP	02/10/06-80027-020 500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this form 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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/26/06 305-674-204
Date Daytime Phone #

STAPLE CHECK HERE