


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A04000001141	
1. Entity Name THE SHOPS AT VERANDAH, LTD.	

FILED
2005 APR 20 AM 8: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O BOULDER VENTURE SOUTH, LLC 2226 STATE ROAD 580 CLEARWATER, FL 33763	Mailing Address C/O BOULDER VENTURE SOUTH, LLC 2226 STATE ROAD 580 CLEARWATER, FL 33763
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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

03232005 Chg-LP CR2E003 (10/03)

4. EEI Number **20-1927014**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent	
HU DOBA, STEPHEN M 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA, FL 33614	

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.

9. Capital Contributions as Shown on record. \$51.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	A00000000733	STREET ADDRESS	
NAME	KB INVESTMENT HOLDINGS, LTD.	CITY-ST-ZIP	900054206679
STREET ADDRESS	2226 STATE ROAD 580		05/10/05--01044--009 **141.25
CITY-ST-ZIP	CLEARWATER, FL 33763		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:  **4/14/05 202-488-2226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #