


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -2 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001450 1. Entity Name JENTARA, LLLP					
Principal Place of Business 295 OSPREY POINTE DRIVE SARASOTA, FL 34239			Mailing Address 295 OSPREY POINTE DRIVE SARASOTA, FL 34239		
2. Principal Place of Business 295 Osprey Pointe Drive		3. Mailing Address 295 Osprey Pointe Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Osprey, FL 34229		City & State Osprey, FL 34229		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAGNER, E. JOHN II 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,600,000.00			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 #	L04000065771			STREET ADDRESS	
NAME	KNS, LLC			CITY-ST-ZIP	
STREET ADDRESS	295 OSPREY POINT DRIVE				
CITY-ST-ZIP	SARASOTA, FL 34239				
DOCUMENT #				STREET ADDRESS	000055332110
NAME				CITY-ST-ZIP	05/25/05--01052--015 **526.25
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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: Nora Benda Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-25-05 (941) 9662800
Date Daytime Phone #

STAPLE CHECK HERE