



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A04000001633</b>					
<b>1. Entity Name</b> KAYCO PROPERTIES, LLLP					
<b>Principal Place of Business</b> 106 MAGNOLIA WAY TEQUESTA, FL 33469			<b>Mailing Address</b> P.O. BOX 599 JUPITER, FL 33468		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2414203	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ROBERTS, DONIA A ESQUIRE 1100 NORTH MAIN STREET, SUITE C BELLE GLADE, FL 33430				<b>7. Name and Address of New Registered Agent</b>	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	PAYNE, JULIE		CITY-ST-ZIP		
STREET ADDRESS	106 MAGNOLIA WAY				
CITY-ST-ZIP	TEQUESTA, FL 33469				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	PAYNE, STEPHEN D		CITY-ST-ZIP		
STREET ADDRESS	106 MAGNOLIA WAY				
CITY-ST-ZIP	TEQUESTA, FL 33469				
DOCUMENT #	NAME		STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing 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					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					



02132006 Chg-LP CR2E003 (11/05)

4. FEI Number  
20-2414203

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

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