


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A04000001634 1. Entity Name KC & DP ASSOCIATES, LTD.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JUL 18 PM 1:03

Principal Place of Business 703 WATERFORD WAY, SUITE 800 MIAMI, FL 33126-4677	Mailing Address 703 WATERFORD WAY, SUITE 800 MIAMI, FL 33126-4677
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2. Principal Place of Business - No P.O. Box # <u>703 Waterford way</u> Suite, Apt. #, etc. <u>Suite 800</u> City & State <u>Miami, FL</u> Zip <u>33126</u>	3. Mailing Address <u>703 waterford way</u> Suite, Apt. #, etc. <u>Suite 800</u> City & State <u>Miami, FL.</u> Zip <u>33126</u>
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06202007 Chg-LP CR2E003 (12/06)

4. FEI Number 54-2160957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STOSIK, VICTOR L. 703 WATERFORD WAY, SUITE MIAMI, FL 33126-4677	7. Name and Address of New Registered Agent Name <u>Stosik, Victor L.</u> Street Address (P.O. Box Number is Not Acceptable) <u>703 Waterford way</u> Suite <u>Suite 800</u> City <u>Miami</u> FL Zip Code <u>33126</u>
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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 \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S.,
 the limited partnership did not receive the
 prior notice.

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 #	NEWCASTER DEVCORP, INC.	STREET ADDRESS	<u>703 waterford way Suite 800</u>
NAME	703 WATERFORD WAY, SUITE 800	CITY-ST-ZIP	<u>Miami, FL. 33126</u>
STREET ADDRESS	MIAMI, FL 33126-4677	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	<u>300106488988 BLT</u>
DOCUMENT #		CITY-ST-ZIP	<u>07/20/07--01032--025 **\$500.00</u>
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
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NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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.

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

6/20/07 205-261-4330
Date Daytime Phone

DOUGLAS A. RIDGEMAN TREASURER NEWCASTER DEVCORP INC.

STAPLE CHECK HERE