


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

DOCUMENT # A04000001386-			
1. Entity Name KIKKI, LTD.			
Principal Place of Business 100 S. KENTUCKY AVE., SUITE 250 LAKELAND FL 33801		Mailing Address 100 S. KENTUCKY AVE., SUITE 250 LAKELAND FL 33801	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 8:25



1st MOORE CR2E003 (10/05)

4. FEI Number 32-0134763 APPLIED FOR		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 HANNA, LINDA C LINDA C. HANNA, P.A. 600 S. MAGNOLIA AVE., SUITE 125 TAMPA FL 33606		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 #	L04000059923	STREET ADDRESS	
NAME	MCKAY GROUP, LLC	CITY-ST-ZIP	
STREET ADDRESS	100 S. KENTUCKY AVE., SUITE 250		
CITY-ST-ZIP	LAKELAND FL 33801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600069543606
STREET ADDRESS			04/05/06--01038--008 **500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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

SIGNATURE: Paula McKay Mims Paula McKay Mims President 03/06/06 (863) 688-6602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Continue Phone #

STAPLE CHECK HERE