


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 19 AM 9:38

DOCUMENT # A05000000564

1. Entity Name  
KICAN REALTY LIMITED PARTNERSHIP



Principal Place of Business  
4937 S.W. 75TH AVE.  
MIAMI, FL 33155

Mailing Address  
4937 S.W. 75TH AVE.  
MIAMI, FL 33155

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc  
City & State  
Zip

Country

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired

01042007

Chg-LP

CR2E003 (12/06)

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MIAMI CORPORATE SYSTEMS, INC.  
283 CATALONIA AVENUE, 2ND FLOOR  
CORAL GABLES, FL 33134-6700

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  
Signature, typed or printed name of registered agent and title if applicable

300085839623  
01/23/07-01017-022 \*\*500.00

FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00

12. GENERAL PARTNER INFORMATION  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS  
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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date  
Daytime Phone #