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

**DOCUMENT # A05000000771** 

1. Entity Name

THE K.T. FAMILY LIMITED PARTNERSHIP



FILED Jan 10, 2007 08:00 AM Secretary of State

Principal Place of Business

1157 S. STATE ROAD 7 WELLINGTON, FL 33414 Mailing Address

1157 S. STATE ROAD 7 WELLINGTON, FL 33414



DO NOT WRITE IN THIS SPACE

01032007 No Cha-LP

CR2E003 (12/06)

4. FEI Number 36-4114367 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TRIPURANENI, KRISHNA 1157 S. STATE ROAD 7 WELLINGTON, FL 33414

## DO NOT WRITE IN THIS SPACE

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 a	am familiar with, and accept
the obligations of registered agent.	

SIGNATURE

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT / NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT / NAME
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP

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

DATE

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

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

1	NOTE: General Partners MAY NOT be changed on the	
Ì	12,	GENERAL PARTNER INFORMATION
	DOCUMENT #	L05000037953 K.T. FAMILY, LLC
	STREET ADDRESS	1157 S. STATE ROAD 7
	CITY-ST-ZIP	WELLINGTON, FL 33414
-	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
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- U00000581480 - 01/10/07-80088-015 500.00

## DO NOT WRITE IN THIS SPACE

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

1-8-2007

561-795-3380

Daytime Phone :