

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

SEC. DIVISION
 06 FEB 24 AM 10:33

DOCUMENT # A05000000824

1. Entity Name
KILGORE PARTNERS, LTD.



Principal Place of Business
**151 SOUTHHALL LANE, SUITE 210
 MAITLAND, FL 32751**

Mailing Address
**151 SOUTHHALL LANE, SUITE 210
 MAITLAND, FL 32751**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

02062006 Chg-LP CR2E003 (11/05)

4. FEI Number
20-2741604

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BUTLER, DAVID L
 461 SOUTHHALL LANE, SUITE 210
 MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1618 John Anderson Drive

City **Ormond Beach** FL Zip Code **32176**

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
After May 1, 2006, Fee will be \$900.00

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

| DOCUMENT # | NAME | STREET ADDRESS | CITY - ST - ZIP |
|------------|-----------------|-------------------------------|--------------------|
| | BUTLER, DAVID L | 151 SOUTHHALL LANE, SUITE 210 | MAITLAND, FL 32751 |
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13. ADDRESS CHANGES ONLY

| STREET ADDRESS | CITY - ST - ZIP |
|--------------------------|-------------------------------|
| 1618 John Anderson Drive | Ormond Beach, FL 32176 |
| 500067190205 | 03/07/06--01007--024 **500.00 |
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STAPLE CHECK HERE

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: David Butler **2/14/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #