

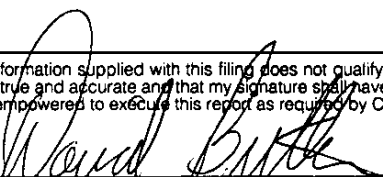


SEC. 1  
DIVISION 1  
06 FEB 24 AM 10:33

<b>DOCUMENT # A05000000824</b>						06 FEB 24 AM 10:33	
1. Entity Name <b>KILGORE PARTNERS, LTD.</b>							
Principal Place of Business <b>151 SOUTHHALL LANE, SUITE 210 MAITLAND, FL 32751</b>				Mailing Address <b>151 SOUTHHALL LANE, SUITE 210 MAITLAND, FL 32751</b>			
2. Principal Place of Business		3. Mailing Address		 <b>02062006 Chg-LP CR2E003 (11/05)</b> <b>4. FEI Number</b> <b>20-2741604</b> <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>Applied For</b> <b>Not Applicable</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent <b>BUTLER, DAVID L 151 SOUTHHALL LANE, SUITE 210 MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent <b>Name</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>1618 John Anderson Drive</b> <b>City</b> <b>Ormond Beach</b> <b>FL</b> <b>Zip Code</b> <b>32176</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>			
DOCUMENT #	<b>BUTLER, DAVID L 151 SOUTHHALL LANE, SUITE 210 MAITLAND, FL 32751</b>			STREET ADDRESS	<b>1618 John Anderson Drive</b>		
NAME				CITY - ST - ZIP	<b>Ormond Beach, FL 32176</b>		
STREET ADDRESS							
DOCUMENT #				STREET ADDRESS	<b>500067190205</b>		
NAME				CITY - ST - ZIP	<b>03/07/06--01007--024 **500.00</b>		
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DOCUMENT #				STREET ADDRESS			
NAME				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: 				Date: <b>2/14/06</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #			