

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

**FILED  
Apr 30, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # A05000001229**

1. Entity Name  
THE SHOPPES AT PLANTATION VILLAGE, LTD.



|  |  |
|--|--|
| Principal Place of Business<br>% BOULDER VENTURE SOUTH, LLC<br>2226 STATE ROAD 850<br>CLEARWATER, FL 33763 | Mailing Address<br>% BOULDER VENTURE SOUTH, LLC<br>2226 STATE ROAD 850<br>CLEARWATER, FL 33763 |
|--|--|



04102007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>20-3064018                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS III  
CONROY, CONROY & DURANT, P.A.  
2640 GOLDEN GATE PARKWAY, SUITE 115  
NAPLES, FL 34105

**DO NOT WRITE IN THIS SPACE**

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, 2007, 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 #                      | A00000000733                 |
| NAME                            | KB INVESTMENT HOLDINGS, LTD. |
| STREET ADDRESS                  | 2226 STATE ROAD 580          |
| CITY-ST-ZIP                     | CLEARWATER, FL 33763         |
| 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                     |                              |

**DO NOT WRITE IN THIS SPACE**

U00000747700  
05/17/07-80036-015 500.00

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:**  

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #