## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Due By May 1, 2008 Feb 11, 2008 08:00 Al **DOCUMENT # A05000001497 Secretary of State** 1. Entity Name NK, LTD. Principal Place of Business Mailing Address 9400 RIVER CROSSING BLVD 9400 RIVER CROSSING BLVD SUITE 102 SUITE 102 NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655 DO NOT WRITE IN THIS SPACE 01062008 No Chg-LP CR2E003 (12/06) Applied For 4 FEI Number man of the second of the secon Not Applicable 20-3273054 the state of the s \$8.75 Additional 5. Certificate of Status Desired Fee Required The state of the s 6. Name and Address of Current Registered Agent DO NOT WRITE DEEB, ALEX R 9400 RIVER CROSSING BLVD IN THIS SPACE SUITE 102 NEW PORT RICHEY, FL 34655 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 ferms of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 P05000045224 DOCUMENT # JHDF, INC. STREET ADDRESS 9400 RIVER CROSSING BLVD SUITE 102 \$\tag{\text{2}\text{3}\text{4}\text{2}\text{4}\text{2}\text{4}\text{2}\text{4}\text{2}\text{4}\text{2}\text{4}\text{2}\text{2}\text{2}\text{4}\text{2}\text{2}\text{2}\text{4}\text{2}\text{2}\text{2}\text{4}\text{2}\text{2}\text{2}\text{4}\text{2}\text{2}\text{2}\text{4}\text{2}\text{2}\text{2}\text{2}\text{4}\text{2} CITY-ST-ZIP NEW PORT RICHEY, FL 34655 0000008249070165508.75 DOCUMENT # STREET ADDRESS CITY - ST-ZIP with the second of the second OOCUMENT # DO NOT WRITE STREET ADDRESS IN THIS SPACE CITY ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS the stage and properties to be and the stage of the stage of the second section of the stage of the stage of the

14. I hereby certify that the information supplied with this filing does not qualify to 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 explaine 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:

CITY-ST-ZIP

G SENERAL PARTHER