


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000001659	
1. Entity Name KMK LAND PARTNERS, LLLP	

Principal Place of Business 650 CARTER ROAD WINTER GARDEN, FL 34787	Mailing Address 650 CARTER ROAD WINTER GARDEN, FL 34787
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02152007 Chg-LP CR2E003 (12/06)



4. FEI Number APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRYANT, CARLA DELOACH 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	KELLY, KENNETH M SR	CITY - ST - ZIP	
STREET ADDRESS	650 CARTER ROAD		
CITY - ST - ZIP	WINTER GARDEN, FL 34787		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	KELLY, SHARON H SR	CITY - ST - ZIP	
STREET ADDRESS	650 CARTER ROAD		
CITY - ST - ZIP	WINTER GARDEN, FL 34787		
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STREET ADDRESS			
CITY - ST - ZIP			

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05/23/07--01007--001 **\$00.00

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: Kenn Kelly **DATE** 3-21-07 **Daytime Phone #** 407-740-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE