

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

APPROVED
AND
FILED

06 JUN 21 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/01/06 90042/029 \$450.00



DOCUMENT # A05000001698 1. Entity Name KISMET REALTY INVESTMENTS, LLLP.					
Principal Place of Business 5044 SE HORSESHOE POINT ROAD STUART, FL 33497			Mailing Address 5044 SE HORSESHOE POINT ROAD STUART, FL 33497		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04112006 Chg-LP CR2E003 (11/05)	
4. FEI Number 20-3419999				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LENIT, REID 5044 SE HORSESHOE POINT ROAD STUART, FL 33497			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____		
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>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L05000086286		STREET ADDRESS		
NAME	REID LENIT LLC		CITY - ST - ZIP		
STREET ADDRESS	5044 SE HORSESHOE POINT ROAD				
CITY - ST - ZIP	STUART, FL 33497				
DOCUMENT #			STREET ADDRESS		
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CITY - ST - ZIP					
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4-19-06 772-221-2424 <small>Date Daytime Phone #</small>		

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