

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**DOCUMENT # A05000001733**

1. Entity Name  
**KDB FAMILY PARTNERSHIP**



FILED

07 JUN 13 AM 9:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
 1308 DREXEL STREET, #112  
 MIAMI BEACH, FL 33133

Mailing Address  
 4819 SUTCLIFF AVE.  
 SAN JOSE, CA 95118

2. Principal Place of Business - No P.O. Box #

**2150 Coral Way**

3. Mailing Address

Suite, Apt., #, etc.

**Suite 6B**

Suite, Apt., #, etc.

City & State

**Miami FL**

City & State

Zip

**33145**

Country

**USA**

Zip

Country

05312007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**61-1493742**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHOMAR, SHADI  
 7777 NW 148 STREET  
 MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 # F05000005316  
 NAME KDB MANAGEMENT, INC.  
 STREET ADDRESS 4819 SUTCLIFF AVE.  
 CITY-ST-ZIP SAN JOSE, CA 95118

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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 CITY-ST-ZIP

STREET ADDRESS  
 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:

*Diane Ballard*

**DIANE BALLARD**

**31 MAY 2007**

**408 723-8668**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE