

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR -7 AM 10:15

<b>DOCUMENT # A05000002290</b> 1. Entity Name KACEY LIMITED PARTNERSHIP, LLLP					
Principal Place of Business 15870 CATALPA COVE DRIVE FORT MYERS, FL 33908			Mailing Address 15870 CATALPA COVE DRIVE FORT MYERS, FL 33908		
2. Principal Place of Business  Suite, Apt #, etc		3. Mailing Address  Suite, Apt #, etc		 03232006    Chg-LP    CR2E003 (11/05)	
City & State		City & State		4. FEI Number <b>20-4053970</b>	
Zip      Country		Zip      Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  NOVATT, JEFF M ESQ 821 FIFTH AVENUE SOUTH STE 201 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L05000116315		STREET ADDRESS		
NAME	KACEY, LLC		CITY-ST-ZIP		
STREET ADDRESS	15870 CATALPA COVE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:**

*Kevin J. Conkle*

3-27-06

239-540-0769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Direct Phone #

STAPLE CHECK HERE