


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A05045 1. Entity Name DON CARTER'S KENDALL LANES LIMITED		
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Principal Place of Business 13600 N. KENDALL DR. MIAMI, FL 33186	Mailing Address 1389 N.W. 136TH AVENUE SUNRISE, FL 33323
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04262005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-1685038	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 STRICKROOT, JOHN C 25 W. FLAGLER ST. 5TH FLOOR, CITY NATIONAL BANK BLDG. MIAMI, FL 33130

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 _____
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9. Capital Contributions as Shown on record. \$930,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$ 930,000
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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	POWELL, JOHN JR.	CITY-ST-ZIP	
STREET ADDRESS	6639 EMBASSY COURT		
CITY-ST-ZIP	MAUMEE, OH		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ROSE, BURTON	CITY-ST-ZIP	
STREET ADDRESS	5580 MONROE ST.		
CITY-ST-ZIP	SYLVANIA, OH		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ISAN, JERRY	CITY-ST-ZIP	
STREET ADDRESS	2420 N.E. 27TH STREET		
CITY-ST-ZIP	LIGHTHOUSE POINT, FL		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <i>Jerry Isan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Jerry Isan Date	4-27-05 Daytime Phone #
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STAPLE CHECK HERE