2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A05862

1. Entity Name
KENWOOD LANES, LIMITED



Principal Place of Business

7050 CRYSTAL DRIVE FT MYERS, FL 33907 Mailing Address
7050 CRYSTAL DRIVE

FT MYERS, FL 33907



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DO NOT WRITE IN THIS SPACE

04252007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-1750991

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALSH, KEVIN H 7050 CRYSTAL DRIVE FT. MYERS, FL 33907

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME

STREET ADDRESS

DO NOT WRITE IN THIS SPACE

		<u> </u>
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
	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	
DOCUMENT #	535650	
NAME	KENWOOD LANES, INC	
STREET ADDRESS	7050 CRYSTAL DR.	
CITY-ST-ZIP	FT. MYERS, FL 33907	

DO NOT WRITE IN THIS SPACE

U00000752629 05/21/07-80023-021 500.00

DOCUMENT / NAME
STREET ADDRESS
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify

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 accertate 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dayture Phone #