

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

DOCUMENT # A06000000631

1. Entity Name  
 KENTUCKY, LTD.



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 JUN -2 PM 1:43

Principal Place of Business  
 1001 BRICKELL BAY DRIVE 9TH FL  
 MIAMI, FL 33131

Mailing Address  
 1001 BRICKELL BAY DRIVE 9TH FL  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**



03142008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

20-4849403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FARRA, MIGUEL  
 1001 BRICKELL BAY DRIVE 9TH FL  
 MIAMI, FL 33131

**DO NOT WRITE  
 IN THIS SPACE**

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.

300131000003  
 06/06/08--01027--015 \*\*2453.75

SIGNATURE

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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

DOCUMENT # L06000048108  
 NAME S. ARLINGTON LLC  
 STREET ADDRESS 1001 BRICKELL BAY DRIVE 9TH FL  
 CITY-ST-ZIP MIAMI, FL 33131

DOCUMENT #  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE  
 IN THIS SPACE**

B. Tadlock JUN 12 2008

B. Tadlock JUN 02 2008

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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/24/08  
 Date

Daytime Phone #

STAPLE CHECK HERE