

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 APR -5 AM 9:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A06000001274

1. Entity Name
 RKHK, LLLP




Principal Place of Business
 2609 NIGHT RAINS DRIVE
 LUTZ, FL 33559

Mailing Address
 2609 NIGHT RAINS DRIVE
 LUTZ, FL 33559

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03132007 Chg-LP CR2E003 (12/06)

4. FEI Number
 20-5852668

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KAPUR, RAVI
 2609 NIGHT RIANS DRIVE
 LUTZ, FL 33559

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 2609 NIGHT RAINS DRIVE
 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: *Hiroo Kapur* DATE: *3/29/07*

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	RAVI KAPUR AND HIROO KAPUR, CO-TRUSTEES	STREET ADDRESS	
NAME	2609 NIGHT RAINS DRIVE	CITY-ST-ZIP	200096508522
STREET ADDRESS	LUTZ, FL 33559		04/11/07--01041--012 **500.00
CITY-ST-ZIP			
DOCUMENT #	RAVI KAPUR AND HIROO KAPUR, CO-TRUSTEES	STREET ADDRESS	
NAME	2609 NIGHT RAINS DRIVE	CITY-ST-ZIP	
STREET ADDRESS	LUTZ, FL 33559		
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *Hiroo Kapur* DATE: *3/29/07*