


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

**FILED
Apr 25, 2008 08:00 AM
Secretary of State**

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

DO NOT WRITE IN THIS SPACE



04162008 No 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 RAINS DRIVE
LUTZ, FL 33559

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.

SIGNATURE _____ DATE 05/16/08-80051-007 500.00

**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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	RAVI KAPUR AND HIROO KAPUR, CO-TRUSTEES	2609 NIGHT RAINS DRIVE	LUTZ, FL 33559
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	RAVI KAPUR AND HIROO KAPUR, CO-TRUSTEES	2609 NIGHT RAINS DRIVE	LUTZ, FL 33559
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:  **4/22/08**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE