FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 MAY -7 PM 1: 52

2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

12.35

DOCUMENT # A0700000383 1. Entity Name KYLEMAR INVESTMENTS, LLLP							, ,	11 1· JZ
Principal Place 3005 ROSED/ DALLAS, TX	ALE .	Mailing Address 3005 ROSEDALE DALLAS, TX 75205	3005 ROSEDALE		1 meren 1811 99 11	THE NAME OF STREET	n Palin Bula avidu	L LINE ZUMM PÜLFÜ BÈ JÖBİ
2. Principal Pl	Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04242008	Chg-LP	CR2E00:	3 (12/06)
City & State		City & State			4. FEI Number	36752	82	Applied For Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate of S	Statua Desired	□ \$	8.75 Additional se Required
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Ad	dress of New R	tegistered Ag	ent
NELSON, BARRY A 2775 SUNNY ISLES BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)				
	SUITE 118 NORTH MIAMI BEACH, FL 33160							· · · · · · · · · · · · · · · · · · ·
				City			FL	Zip Code
	named entity submits this statement ons of registered agent.	t for the purpose of changing i	ts registere	ed office or register	red agent, or both, i	n the State of Fi	orida. I am fai	miliar with, and accept
SIGNATURE -	Signature, typed or printed name of registered a	sent and title if applicable.				***	DATE	
		OW!!! FEE IS \$500.00						
		, 2008, Fee will be \$90 R THAT IS A BUSINESS E		UST BE REGIS	TERED AND ACT	TIVE WITH TH	IS OFFICE.	
	NOTE: General Partners	MAY NOT be changed on	the form			o change a g	eneral part	ner.
12.	GENERAL PARTI L06000087108	NER INFORMATION	13.	 -		ADDRESS CH	ANGES ONLY	
NAME	KYLEMAR MANAGEMENT, LLC		STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	3005 ROSEDALE DALLAS, TX 75205		CITY	'-ST-ZIP	05/ <u>1</u>	1908 - 8		4930 % **500.0
DOCUMENT # NAME			ŞIR	EET AODRESS				
STREET ADDRESS — CITY-ST-ZIP			CULA	'- ST-ZIP				
DOCUMENT #		-	STR	EET ADDRESS			-	
STREET ADDRESS CITY-ST-ZIP			cin	1-ST-21P				
DOCUMENT # NAME			STR	EET AODRESS	·· ·			
STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP		·		
NAME			STR	EET ADDRESS				
			cin	r-SI-ZIP				
DOCUMENT #			STR	EET ADDRESS		 		
STREET ADORESS CITY-ST-ZIP				r-ST-ZIP				
14. I hereby indicated or the rec	certify that the information supplied on this report is true and accurate seiver or trustee empowered to exer	with this filing does not quality and that my signature shall have cute this report as required by	y for the e ve the sam Chapter 62	xemptions contain le legal effect as if 20, Florida Statutes	ed in Chapter 119, made under oath; if	Florida Statutes hat I am a Gene	. I further certi eral Partner of	fy that the information the limited partnership
SIGNAT	URE: Xue	A. Hunt			4/3	8010	214-	<u> 369-099</u> 4