FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:23

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A07000001310

1. Entity Name
KINER FAMILY LIMITED PARTNERSHIP, LLLP

Principal Place of Business
11116 MALAYSIA CIRCLE
BOYNTON BEACH, FL 33437

Mailing Address
11116 MALAYSIA CIRCLE
BOYNTON BEACH, FL 33437

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

04222008 Chg-LP CR2E003 (12/06)

4. FEI Number 26-1453136 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINER, CHARLES A
11116 MALAYSIA CIRCLE
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 Charles A Kiner 4/28/08
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	KINER, CHARLES A		
STREET ADDRESS	11116 MALAYSIA CIRCLE	CITY-ST-ZIP	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
DOCUMENT #		STREET ADDRESS	
NAME	KINER, JOAN S		
STREET ADDRESS	11116 MALAYSIA CIRCLE	CITY-ST-ZIP	500128077515 05/01/08--01043--008 **500.00
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		
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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: Charles A Kiner 4/28/08 561-742-8822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #