2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

DOCUMENT # A09902 1. Entity Name KABE, LTD.					SECRETARY OF STATE TALLAHASSEE, FLORIDA 08 MAR 18 PM 12: 10	
Principal Place of Business Mailing Address				L	10 (11/2-10	
	YORK AVE	120 E NEW YORK AVE DELAND FL 32720				
Principal Place of Business - No P.C. Box # 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #. etc.			1st MOORE CR2E003 (10/07)	
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	4. FEi Number NO-T APPLICABLE Applied For Not Applicable	
Zip	Country	Zip	Coun	try	Certificate of Status Desired	
	6. Name and Address of Current I	Registered Agent	1		7. Name and Address of New Registered Agent	
				Name		
RITTER, KENNETH MARLIN 120 EAST NEW YORK AVENUE DELAND FL 32720				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 Signature, typed or printed name of registered agent and title 4 applicability. DATE						
FILE NO) 	May 1, 2008, fee wi	il be \$	900. *** Mai	ke check payable to Florida Department of State.	
<u>*</u>	A GENERAL PARTNER T	HAT IS A BUSINESS EN	ITITY M	UST BE REGIST	FERED AND ACTIVE WITH THIS OFFICE.	
				form; an amendment must be filed to change a general partner.		
DOCUMENT #	GENERAL PARTNER INFORMATION		13.	13. ADDRESS CHANGES ONLY		
NAME STREET ADDRESS	DELAND FL		ŀ	ET ADDRESS		
CITY-ST-ZIP			CITY	- ST - ZłP	A44-1-10-1-10-1-10-1-10-1-1-1-1-1-1-1-1-1	
DOCUMENT * NAME STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	800120723958 03/19/0801021017 **500.00	
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DOCUMENT # MAME			STHE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				- ST- ZIP		
indicated	certify that the information supplied with ron this report is true and accurate and beiver or trustee empowered to execute to	that my signature shall have	the sam	e legal effect as if r	d in Chapter 119, Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership	

STAPLE CHECK HERE

SIGNATURE: Kess weth M41/20 Ritter 3-4.2008 386 734 6666

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Date

Date

Date

Date

Date

Displace

Date

Date

Date

Displace

Displace