

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A10314**

1. Entity Name  
**KENSINGTON PARK, LTD.**



Principal Place of Business  
**1105 KENSINGTON PARK DR.  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**1105 KENSINGTON PARK DR.  
ALTAMONTE SPRINGS, FL 32714**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

03182004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**59-2085467**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANDELL, LESTER N  
1105 KENSINGTON PARK DRIVE  
ALTAMONTE SPRINGS, FL 32714**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record. **\$677,181.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # **P96000046584**  
NAME **PARTNER GENERAL, INC.**  
STREET ADDRESS **215 NORTH EOLA DRIVE**  
CITY ST ZIP **ORLANDO, FL 32801**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY ST ZIP

STREET ADDRESS

CITY ST ZIP

STREET ADDRESS

CITY ST ZIP

STREET ADDRESS

CITY ST ZIP

STREET ADDRESS

CITY ST ZIP

STREET ADDRESS

CITY ST ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/22/04**

Date

**4078690320**

Daytime Phone #

STAPLE CHECK HERE