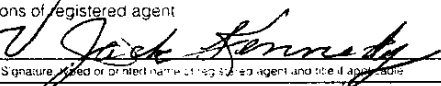
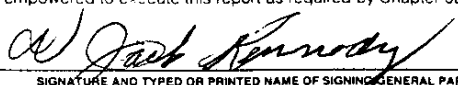


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 APR 29 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A14321					
1. Entity Name KENNEDY ASSOCIATES, LTD.					
Principal Place of Business P.O. BOX 4988 CLEARWATER, FL 33758			Mailing Address P.O. BOX 4988 CLEARWATER, FL 33758		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03212005 Chg-LP CR2E003 (10/03) 4. FEI Number 59-2318681 Applied For Not Applicable	
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	
KENNEDY, V. JACK 1340 GULF BLVD. APT. #14A CLEARWATER BEACH, FL 33767				Name Street Address (P.O. Box Number is Not Acceptable) 1170 Gulf Blvd. Apt 2002 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  DATE					
9. Capital Contributions as Shown on record. \$52,733.44			10. Amount of Capital Contributions in FLORIDA to date. \$52,733.44		
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 #	KENNEDY, V. JACK, TRUSTEE		STREET ADDRESS	11750 Gulf Blvd Apt 2002	
NAME	1340 GULF BLVD., #14A		CITY-ST-ZIP	100055192681	
STREET ADDRESS	CLEARWATER BEACH, FL		CITY-ST-ZIP	05/24/05-01062-001 ***457.00	
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			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:  DATE Daytime Phone #					

STAPLE CHECK HERE