

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A22386		
1. Entity Name KODOR ASSOCIATES LIMITED PARTNERSHIP		

Principal Place of Business 11910 GLEN MILL ROAD POTOMAC MD 20854	Mailing Address 11910 GLEN MILL ROAD POTOMAC MD 20854
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 11 AM 9:42



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVIES, CHRISTOPHER N. WILLIAM STOCKMAN 1415 HENDRY ST. FT. MYERS FL 33902		Name WILLIAM STOCKMAN Street Address (P.O. Box Number is Not Acceptable) 1415 HENDRY ST. City FORT MYERS FL Zip Code 33902	

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 **2/28/05**

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$128,700.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	KOPPEL, GRACE A	CITY-ST-ZIP	
STREET ADDRESS	11910 GLEN MILL RD.		
CITY-ST-ZIP	POTOMAC MD 20854		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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

DATE **3/3/05**

DAYTIME PHONE # **301-340-7737**

STAPLE CHECK HERE