


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 JAN 17 AM 8:21

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	
2. Principal Place of Business 10701 ARDNAVE PL Suite, Apt. #, etc.		3. Mailing Address 10701 ARDNAVE PL Suite, Apt. #, etc.			
City & State POTOMAC, MD Zip 20854 Country USA		City & State POTOMAC, MD Zip 20854 Country USA		4. FEI Number 52-1440473	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent STOCKMAN, WILLIAM 1415 HENDRY ST. FT. MYERS, FL 33902			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 #	NAME		STREET ADDRESS	10701 ARDNAVE PL	
STREET ADDRESS	11910 GLEN MILL RD.		CITY-ST-ZIP	POTOMAC, MD 20854	
CITY-ST-ZIP	POTOMAC, MD 20854		STREET ADDRESS		
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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: <u>GRACE ANNE KOPPEL</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <u>1-9-2006</u>		Daytime Phone #: <u>301 340 7737</u>

STAPLE CHECK HERE