2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A22386

1. Entity Name
KODOR ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
10701 ARDNAVE PL POTOMAC, MD 20854	10701 ARDNAVE PL POTOMAC, MD 20854

DO NOT WRITE IN THIS SPACE

01092007 No Chg-LP   CR2E003 (12/06)

4. FEI Number	Applied For
52-1440473	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STOCKMAN, WILLIAM
1415 HENDRY ST.
FT. MYERS, FL 33902

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $500.00
After May 1, 2007, 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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KOPPEL, GRACE A 10701 ARDNAVE PL POTOMAC, MD 20854
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01/18/07-80015-004 500.00

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STAPLE CHECK HERE

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: _Grace Anne Koppel, GP_   1/10/2007   301 3407737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #