


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A22386</b>	
1. Entity Name <b>KODOR ASSOCIATES LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>10701 ARDNAVE PL POTOMAC MD 20854</b>	Mailing Address <b>10701 ARDNAVE PL POTOMAC MD 20854</b>
---	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number <b>52-1440473</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>
<b>STOCKMAN, WILLIAM 1415 HENDRY ST. FT. MYERS FL 33902</b>

<b>7. Name and Address of New Registered Agent</b>
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.	U000000021408 02/19/08-80024-004 500.00
---	--

SIGNATURE _____ <small>Signature typed or printed name of registered agent and if applicable</small>	DATE _____
---	------------

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 <b>KOPPEL, GRACE A</b> STREET ADDRESS <b>10701 ARDNAVE PL</b> CITY - ST - ZIP <b>POTOMAC MD 20854</b>	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
		CITY - ST - ZIP	

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: <i>Grace Anne Dorsey Koppel</i> <b>Grace ANNE DORSEY Koppel</b> 2/5/2008 301.340.0280	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	

STAPLE CHECK HERE