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

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A26033

1. Entity Name

KENJEN, LIMITED

Principal Place of Business	Mailing Address
713 N.E. 26 AVE. FT. LAUDERDALE FL 33304	713 N.E. 26 AVE. FT. LAUDERDALE FL 33304

1ST MOORE CR2E003 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0031625 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JENNINGS, DOUGLAS H., SR.
713 N.E. 26 AVE.
FT. LAUDERDALE FL 33304

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 ______ Signature, typed or printed name of registered agent and title if applicable DATE

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

9. Capital Contributions as Shown on record. $560,000.00

10. Amount of Capital Contributions in FLORIDA to date. $130,564.00

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 #		STREET ADDRESS	
NAME	PIKE, PATRICIA L.		
STREET ADDRESS	6053 HIBISCUS DR.	CITY-ST-ZIP	
CITY-ST-ZIP	BATON ROUGE LA		
DOCUMENT #		STREET ADDRESS	
NAME	JENNINGS, DOUGLAS H., SR		
STREET ADDRESS	713 N.E. 26 AVE.	CITY-ST-ZIP	
CITY-ST-ZIP	FT. LAUDERDALE FL		
DOCUMENT #		STREET ADDRESS	
NAME			
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NAME			
STREET ADDRESS		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: Patricia L. Pike 2/18/05 225-766-1604

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

STAPLE CHECK HERE