

**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 713 N.E. 26 AVE. FT. LAUDERDALE FL 33304	Mailing Address 713 N.E. 26 AVE. FT. LAUDERDALE FL 33304
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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



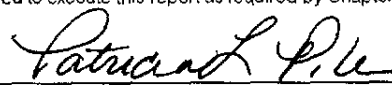
1ST MOORE CR2E003 (10/04)

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		7. Name and Address of New Registered Agent	
JENNINGS, DOUGLAS H., SR. 713 N.E. 26 AVE. FT. LAUDERDALE FL 33304		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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable		
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 #	NAME	STREET ADDRESS	
NAME	PIKE, PATRICIA L.	CITY-ST-ZIP	
STREET ADDRESS	6053 HIBISCUS DR.		
CITY-ST-ZIP	BATON ROUGE LA		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	JENNINGS, DOUGLAS H., SR	CITY-ST-ZIP	
STREET ADDRESS	713 N.E. 26 AVE.		
CITY-ST-ZIP	FT. LAUDERDALE FL		
DOCUMENT #	NAME	STREET ADDRESS	
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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: 	2/18/05 225-7664604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STATE OF FLORIDA