2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 17 AM 10:21

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

02142006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
2358 RIVERSIDE AVE	2358 RIVERSIDE AVE
Suite, Apt. #, etc.: #601	Suite, Apt. #, etc.: #601
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32204 Country: DUVAL	Zip: 32204 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	7. Name and Address of New Registered Agent
JENNINGS, DOUGLAS H., SR. 713 N.E. 26 AVE. FT. LAUDERDALE, FL 33304	Name: JENNINGS, DOUGLAS H., SR. Street Address (P.O. Box Number is Not Acceptable): 2358 RIVERSIDE AVE #601 City: JACKSONVILLE FL Zip Code: 32204

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

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 #		STREET ADDRESS	
NAME	PIKE, PATRICIA L.	CITY-ST-ZIP	
STREET ADDRESS	6053 HIBISCUS DR.		
CITY-ST-ZIP	BATON ROUGE, LA		
DOCUMENT #		STREET ADDRESS	2358 RIVERSIDE AVE #601
NAME	JENNINGS, DOUGLAS H., SR	CITY-ST-ZIP	JACKSONVILLE, FL 32204
STREET ADDRESS	713 N.E. 26 AVE.		
CITY-ST-ZIP	FT. LAUDERDALE, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	700069074827
STREET ADDRESS			03/31/06--01003--021 **500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Patricia L Pike 3/13/06 225-924-1772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #