


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A26078					
1. Entity Name KERR PROPERTY, LTD.					
Principal Place of Business 9020 RANCHO DEL RIO DR., STE. #128 NEW PORT RICHEY, FL 34655			Mailing Address 9020 RANCHO DEL RIO DR., STE. #128 NEW PORT RICHEY, FL 34655		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-2883923	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> Chg-LP <input type="checkbox"/> CR2E03 (10/03)	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEEB, ALEX R. 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$594.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	K02692		STREET ADDRESS		
NAME	KERR PROPERTY, INC.		CITY-ST-ZIP		
STREET ADDRESS	9020 RANCHO DEL RIO DR., STE. #128			1100000365743 05/11/05-80014-009 150.00	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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)(f), F.S. 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; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: <u>ALEX R. DEEB, PRESIDENT</u>			Date: 1-5-05 727-376-6831		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



STAPLE CHECK HERE