


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

<b>DOCUMENT # A26352</b> 1. Entity Name <b>KUC FAMILY LIMITED PARTNERSHIP</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 FEB -9 AM 11:11

Principal Place of Business <b>68 MAMMOTH GROVE RD.                  LAKE WALES, FL 33898-7330</b>	Mailing Address <b>68 MAMMOTH GROVE RD.                  LAKE WALES, FL 33898-7330</b>
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*[Handwritten Signature]*



2. Principal Place of Business	3. Mailing Address P.O. BOX 231
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>LAKE WALES, FL</b>
Zip	Country
Country	Zip <b>33859-0231</b>

01192005	Chg-LP	CR2E003 (10/03)
4. FEI Number <b>59-2886334</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  UPDIKE, LAWRENCE C. 68 MAMMOTH GROVE ROAD LAKE WALES, FL 33853	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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.

9. Capital Contributions as Shown on record. <b>\$990,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	648899	STREET ADDRESS	
NAME	JUP, INCORPORATED	CITY-ST-ZIP	
STREET ADDRESS	68 MAMMOTH GROVE RD		
CITY-ST-ZIP	LAKE WALES, FL 338987330		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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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:** *Lawrence C. Updike* LAWRENCE C. UPDIKE, SECRETARY/TREASURER JANUARY 20, 2005 863-696-1487  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #