


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Jan 25, 2007 08:00 AM  
Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A26352</b><br>1. Entity Name<br>KUC FAMILY LIMITED PARTNERSHIP |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>68 MAMMOTH GROVE RD.<br>LAKE WALES, FL 33898-7330 | Mailing Address<br>PO BOX 231<br>LAKE WALES, FL 33859-0231 |
|--|--|



**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 01222007 No Chg-LP  | CR2E003 (12/06)                       |
| 4. FEI Number<br>59-2886334                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

UPDIKE, LAWRENCE C.  
68 MAMMOTH GROVE ROAD  
LAKE WALES, FL 33853

**DO NOT WRITE  
IN THIS SPACE**

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, 2007, Fee will be \$900.00**

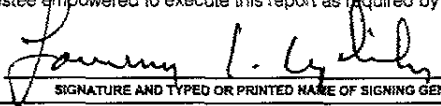
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |                          |
|---------------------------------|--------------------------|
| DOCUMENT #                      | 648899                   |
| NAME                            | JUP, INCORPORATED        |
| STREET ADDRESS                  | 68 MAMMOTH GROVE RD      |
| CITY-ST-ZIP                     | LAKE WALES, FL 338987330 |
| DOCUMENT #                      |                          |
| NAME                            |                          |
| STREET ADDRESS                  |                          |
| CITY-ST-ZIP                     |                          |
| DOCUMENT #                      |                          |
| NAME                            |                          |
| STREET ADDRESS                  |                          |
| CITY-ST-ZIP                     |                          |
| DOCUMENT #                      |                          |
| NAME                            |                          |
| STREET ADDRESS                  |                          |
| CITY-ST-ZIP                     |                          |

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01/23/07-80033-022 500.00

**DO NOT WRITE  
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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:**  Lawrence C. Updike, Sec./Tres. 01/22/07 863-696-1487  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #