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FILED 08:00 AN of State

200	Due By M	Jan 22, 2008 08:0 Secretary of St							
DOCUMENT # A26352 1. Entity Name KUC FAMILY LIMITED PARTNERSHIP					3	ecro	etai	ry 01 St	
68 MAMMO	ace of Business ITH GROVE RD. S. FL 33898-7330	Mailing Address PO BOX 231 LAKE WALES, FL 33859-0231	1					·	
		* 4							
		· NITIUS ODA		01042008 No	Chg-LP	CR2E	003 (12	2/06)	
	OO NOT WRITE	IN LIHID SPA	UE .	4. FEI Number				Applied For	
				59-28863	34			Not Applicable	
				5. Certificate of	Status Desired		\$8.7	5 Additional equired	
68 MAMM LAKE WA	LAWRENCE C. IOTH GROVE ROAD LES, FL 33853	,		'in Ti	IOT WI HIS SP	ACE			
8. The above the obliga	e named entity submits this statement for tions of registered agent.	r the purpose of changing its registere	ad office or registere	ed agent, or both, i	n the State of Flori	ida. Iam	familiar	with, and accept	
SIGNATURE					DATE				
		VIII FEE IS \$500.00 008, Fee will be \$900.00						· · · · · · · · · · · · · · · · · · ·	
	A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINESS ENTITY MI Y NOT be changed on the form	UST BE REGIST	ERED AND ACT	IVE WITH THIS	S OFFIC	E. rtner.		
12.	GENERAL PARTNER			422622420	(4. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14.	**************************************			
DOCUMENT #	648899								
NAME STREET ADDRESS	JUP, INCORPORATED						******************************		
CITY-ST-ZIP	68 MAMMOTH GROVE RD LAKE WALES, FL 338987330								
DOCUMENT#						or was			
NAME			30 9 9 9 9 E		U0000007	zanahi			
STREET ADDRESS					11/23/108-6	inital	วากจ	Emilio 3	
CITY - ST - ZIP			27 P. T.				1. C. S.		

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

DO NOT WRITE IN THIS SPACE

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:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Lawrence C. Updike, Sec/Tres.

1/17/08

863-696-1487

Date

Daytime Phone #