

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 25, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A29550
 1. Entity Name
KINWIN LIMITED



Principal Place of Business: 820 BROAD STREET, STE. 400 MARKET CENTER, CHATTANOOGAE, TN 37402
 Mailing Address: 820 BROAD STREET, STE. 400 MARKET CENTER, CHATTANOOGAE, TN 37402

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

AS



01252005 Chg-LP CR2E003 (10/03)
 4. FEI Number: **62-1417715**
 Applied For: Not Applicable:
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: **\$6,547,097.33**
 10. Amount of Capital Contributions in FLORIDA to date: **\$2,842,020**

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 #	L44136 Kinwin, Inc. pursuant to name	STREET ADDRESS	820 Broad Street, Suite 400 Market Center
NAME	KINCO, INC. change filed 9/2/04	CITY-ST-ZIP	Chattanooga, TN 37402
STREET ADDRESS	5245 OLD KINGS ROAD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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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: *Hugh F. Sharber* **Hugh F. Sharber** **Secretary** **March 2, 2005** **423-785-8212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #