


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 MAY -3 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A30234</b> 1. Entity Name <b>KIRKLAND HOLDING, LTD.</b>					
Principal Place of Business <b>801 BRICKELL AVE. 16TH FLOOR MIAMI, FL 33131</b>			Mailing Address <b>801 BRICKELL AVE. 16TH FLOOR MIAMI, FL 33131</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				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.		\$10,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
				158.75	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L81727		STREET ADDRESS		
NAME	KIRKLAND HOLDINGS, INC.		CITY-ST-ZIP		
STREET ADDRESS	801 BRICKELL AVE. 16TH FLOOR				
CITY-ST-ZIP	MIAMI, FL 33131				
DOCUMENT #	F93000001994		STREET ADDRESS		
NAME	KIRKLAND HOLDINGS, LTD.		CITY-ST-ZIP		
STREET ADDRESS	4 COLUMBUS CENTRE				
CITY-ST-ZIP	ROAD TOWN,B.V. ISLAN,				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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)(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: <u><i>[Signature]</i></u>			4/7/05		305-381-8340
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



01112005 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0413936

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

500053549285

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*\$158.75*

STAPLE CHECK HERE