

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

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

**DOCUMENT # A30234**

1. Entity Name  
**KIRKLAND HOLDING, LTD.**



Principal Place of Business  
**801 BRICKELL AVE. 16TH FLOOR  
MIAMI, FL 33131**

Mailing Address  
**801 BRICKELL AVE. 16TH FLOOR  
MIAMI, FL 33131**



01222007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0413936**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**000000750678  
05/18/07-80072-008 2600.00**

**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 # **L81727**  
NAME **KIRKLAND HOLDINGS, INC.**  
STREET ADDRESS **801 BRICKELL AVE. 16TH FLOOR**  
CITY- ST- ZIP **MIAMI, FL 33131**

DOCUMENT # **F93000001994**  
NAME **KIRKLAND HOLDINGS, LTD.**  
STREET ADDRESS **4 COLUMBUS CENTRE**  
CITY- ST- ZIP **ROAD TOWN, B.V. ISLAN,**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE