


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A30791 1. Entity Name KVS INVESTMENTS, LTD.	
---------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business C/O SMITH, GRAHAM, ELLINGSWORTH & ASSOC.PA 96 NE 4 AVE. DELRAY BEACH, FL 33483	Mailing Address C/O SMITH, GRAHAM, ELLINGSWORTH & ASSOC.PA 96 NE 4 AVE. DELRAY BEACH, FL 33483
---------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------



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

01252006	Chg-LP	CR2E003 (11/05)
4. FET Number 59-2640816	Applied For Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, THOMAS A C.P.A. 96 N.E. FOURTH AVE. DELRAY BEACH, FL 33483	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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L82093 KAVWELL, INC. 777 E. ATLANTIC AVE., #303 DELRAY BEACH, FL 33483	STREET ADDRESS CITY-ST-ZIP	000000475278 04/08/06-80042-005 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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 John P. Kavooras **BY: JOHN P. KAVOORAS, PRES. (561) 627-5785**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 3.11.06 Daytime Phone # _____

STAPLE CHECK HERE