

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 11 PM 2:45

<b>DOCUMENT # A30791</b> 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 - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State		4. FEI Number 59-2640816				
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				
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 <span style="float: right;">FL</span> 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>								
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>								
<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 #	L82093		STREET ADDRESS	96 NE FOURTH AVENUE				
NAME	KAVWELL, INC.		CITY-ST-ZIP	DELRAY BEACH, FL 33483				
STREET ADDRESS	777 E. ATLANTIC AVE., #303							
CITY-ST-ZIP	DELRAY BEACH, FL 33483							
DOCUMENT #						STREET ADDRESS		
NAME						CITY-ST-ZIP		
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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

**KAVWELL, INC.**  
**BY: THOMAS A. SMITH, TREAS. 561-276-7468**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE