

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

96 DEC 18 PM 1:57

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**CLIENT COPY**

SMITH, GRAHAM & ASSOCIATES, P.A.

TALLAHASSEE, FLORIDA



*9/13/26*

1. Name of Limited Partnership  
**NEW KVS INVESTMENTS, LTD.**

1a. DOCUMENT #  
**A30826**

Mailing Address  
C/O SMITH, GRAHAM & ASSOC., PA  
96 NE 4 AVE.  
DELRAY BEACH FL 33483

Principal Office Address  
2601 NORTH OCEAN BLVD., #A  
GULFSTREAM FL 33483

3. Date Formed or Registered  
**11/02/1990**

3a. Date of Last Report  
**12/12/1995**

4. State or Country of Formation  
**FL**

5a. Capital Contributions as Shown on record  
**\$7,000,000.00**

5b. Amount of Capital Contributions in to date  
**7,000,000.00**

2. Mailing Address

2a. Principal Office Address

City & State

City & State

Zip Country

Zip Country

6. FEI Number  
**65-0301148**

Applied For  
 Not Applicable

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

8.

9. Name and Address of Current Registered Agent

**GRAHAM, DAVID P**  
**96 E 4TH AVE.**  
**DELRAY BEACH FL 33483**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City **FL** Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner	11b. City, State & Zip Code	11c. Registration/Document Number
<b>NEW KAVWELL CO.</b>	<b>2601 N OCEAN BLVD., #</b>	<b>GULFSTREAM FL</b>	<b>L82094</b>
			<b>600002039506--1</b>
			<b>-12/27/96--01073--001</b>
			<b>****576.25 ****576.25</b>

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *John P. Kavooras* DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form **NEW KAVWELL, INC.** Daytime Telephone Number **(561) 276-3119**

**BY JOHN P. KAVOORAS, PRES.**