## 2007 LIMITED PARTNERS Due By May 1, 2007

: REPORT

**FILED** Jan 12, 2007 08:00 AN Secretary of State

DOCUMENT #A32319

1. Entity Name RAVENWOOD OF KISSIMME E, LTD.



Principal Place of Business

SIGNATURE:

20721 SW 46TH AVE NEWBERRY, FL 32669 Mailing Address

20721 SW 46TH AVE. NEWBERRY, FL 32669



01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3143824

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

|                   | DAVIS, NORITA V<br>20721 SW 46TH AVENUE<br>NEWBERRY, FL 32669  |   | DO NOT WRITE<br>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 |   |  |  |  |  |
| \                 | SIGNATORIE -   | Signature, typed or printed name of registered agent and title if applicable  |  | DATE   |  |  |
|                   | FILE NOW!!! FEE IS \$500.00<br>After May 1, 2007, 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.                              |   |  |  |  |  |
| Į                 | 12.  | GENERAL PARTNER INFORMATION   |  |  |  |  |
|                   | DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP   | DAVIS, NORITA V<br>20721 SW 46TH AVENUE<br>NEWBERRY, FL 32669   | ,  |  |  |  |
|                   | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP   | NEW DENNIT OF ORDER   | ·  | U00000585658<br>01/16/07-80022-009 508.75  |  |  |
| STAPLE CHECK HERE | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP   |   |  | DO NOT WRITE   |  |  |
|                   | DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP   |   |  | IN THIS SPACE  |  |  |
|                   | DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |  |  |  |
|                   | DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  | •  |  |  |
| '                 | 14. I hereby indicated or the red  | certify that the information supplied with this filing does not qualify for the ton this report is true and accurate and that my signature shall have the sar series or trustee empowered to execute this report as required by Chapter 6 | exemptions contained in<br>me legal effect as if made<br>620, Florida Statutes | Chapter 119, Florida Statutes. I further certify that the information a under oath; that I am a General Partner of the limited partnership |  |  |