


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--|---------|---|---|--|
| DOCUMENT # A94000000736 1. Entity Name KB PARTNERS, LTD. | | | |  | |
| Principal Place of Business C/O CLIFFORD SUCHMAN 1550 MADRUGA CORAL GABLES, FL 33136 | | | Mailing Address C/O CLIFFORD SUCHMAN 1550 MADRUGA CORAL GABLES, FL 33136 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0502940 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent KEY CORPORATE SERVICES, INC. 200 SOUTH BISCAYNE BLVD., 20TH FLOOR MIAMI, FL 33131 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$87,500.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. | | |
| 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 # P94000040358 NAME KB PARTNERS, INC. STREET ADDRESS C/O 1550 MADRUGA CITY-ST-ZIP CORAL GABLES, FL 33136 | | | STREET ADDRESS CITY-ST-ZIP | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
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| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> | | | Date: 4/8/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | | |

STAPLE CHECK HERE



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