

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000000736

Entity Name: KB PARTNERS, LTD.

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

C/O CLIFFORD SUCHMAN  
1550 MADRUGA  
CORAL GABLES, FL 33136

**New Principal Place of Business:**

C/O CLIFFORD SUCHMAN  
1550 MADRUGA AVE STE 230  
CORAL GABLES, FL 33136

**Current Mailing Address:**

C/O CLIFFORD SUCHMAN  
1550 MADRUGA  
CORAL GABLES, FL 33136

**New Mailing Address:**

C/O CLIFFORD SUCHMAN  
1550 MADRUGA AVE STE 230  
CORAL GABLES, FL 33136

FEI Number: 65-0502940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEY CORPORATE SERVICES, INC.  
200 SOUTH BISCAYNE BLVD., 20TH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

SUCHMAN, CLIFFORD L  
1550 MADRUGA AVE STE 230  
CORAL GABLES, FL 33146 US

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.

SIGNATURE: CLIFFORD L SUCHMAN

03/24/2009

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: P94000040358  
Name: KB PARTNERS, INC.  
Address: C/O 1550 MADRUGA  
City-St-Zip: CORAL GABLES, FL 33136

**ADDRESS CHANGES ONLY:**

Address: C/O 1550 MADRUGA AVE STE 230  
City-St-Zip: CORAL GABLES, FL 33136

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLIFFORD L SUCHMAN

RA

03/24/2009

Electronic Signature of Signing General Partner

Date