

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # A94000000982

1. Entity Name
KACHSITE, LTD.



Principal Place of Business
**184 LAKE OTIS RD., S.E.
WINTER HAVEN, FL 33884**

Mailing Address
**184 LAKE OTIS RD., S.E.
WINTER HAVEN, FL 33884**



02262007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3262728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FORTENBERRY, S. RAWLS
184 LAKE OTIS RD., S.E.
WINTER HAVEN, FL 33884**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

**FILE NOW!!! FEE IS \$500.00
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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**FORTENBERRY, S. RAWLS
184 LAKE OTIS RD., S.E.
WINTER HAVEN, FL 33884**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**FORTENBERRY, TERESA B
184 LAKE OTIS RD., S.E.
WINTER HAVEN, FL 33884**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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U00000699046
04/19/07-80027-002 500.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

S. Rawls Fortenberry **S. Rawls Fortenberry** **4/10/07** **863-3244107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE