2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:28

DOCUMENT # A94000000982

1. Entity Name

KACHSITE, LTD.

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

1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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.~~ 9475 Waterford Oaks Drive
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 S Rawls Fortenberry 4-15-08
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	9475 Waterford Oaks Drive
NAME	FORTENBERRY, S. RAWLS	CITY-ST-ZIP	Winter Haven, FL 33884
STREET ADDRESS	184 LAKE OTIS RD., S.E.		
CITY-ST-ZIP	WINTER HAVEN FL 33884		
DOCUMENT #		STREET ADDRESS	"
NAME	FORTENBERRY, TERESA B	CITY-ST-ZIP	"
STREET ADDRESS	184 LAKE OTIS RD., S.E.		
CITY-ST-ZIP	WINTER HAVEN FL 33884		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600128285826
STREET ADDRESS			05/02/08--01003--016 **500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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 4-15-08 863-3244107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #