

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000000047 1. Entity Name KERR PLAZA, LIMITED					
Principal Place of Business 2338 IMMOKALEE RD., #161 NAPLES, FL 34110			Mailing Address 2338 IMMOKALEE RD., #161 NAPLES, FL 34110		
2. Principal Place of Business Suite, Apt. #, etc. _____			3. Mailing Address Suite, Apt. #, etc. _____		
City & State _____			City & State _____		
Zip _____		Country _____		4. FEI Number 65-0563000	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COLLINS, JAMES E 2338 IMMOKALEE RD., #161 NAPLES, FL 34110				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$480,000.00			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 #	L97000000982		STREET ADDRESS	U00000367381	
NAME	KERR MANAGEMENT, LC		CITY - ST - ZIP	05/16/05-80033-023 525.25	
STREET ADDRESS	2338 IMMOKALEE RD., #161		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34110		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
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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)(c), 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>James S. Collins</i>			<i>John Parker</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small> 4-25-05		
			<small>Daytime Phone #</small> 239-254-0900		



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