


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A95000001183			
1. Entity Name KUHLING ENTERPRISES, LTD.			
Principal Place of Business 13515 SHELDON ROAD TAMPA FL 33626		Mailing Address 13515 SHELDON ROAD TAMPA FL 33626	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/06)

4. FEI Number 59-3331305		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KUHLING, IRENE C 13905 PAGLEN ROAD TAMPA FL 33626		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	KUHLING, IRENE C 13515 SHELDON ROAD TAMPA FL 33626	STREET ADDRESS CITY-ST-ZIP	1000000634369 02/22/07-80006-020 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ALLEN, CONNIE JO 8 STRATFORD DR. RANDOLPH NJ 07869	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KUHLING, JOHN J 8111 LUTZ LAKE FERN ROAD ODESSA FL 33556	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BEACH, CYNTHIA S 380 NW ASPEN CEDAREDGE CO 81413	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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: *IRENE C. KUHLING*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-10-07
Date Daytime Phone *

STAPLE CHECK HERE