2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
Mar 25, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A95000001349

1. Entity Name

KANNEN LIMITED PARTNERSHIP, LTD.

Principal Place of Business	Mailing Address
36750 U.S. HIGHWAY 19 NORTH, LODGE #2 PALM HARBOR FL 34684	36750 U.S. HIGHWAY 19 NORTH, LODGE #2 PALM HARBOR FL 34684

1ST MOORE CR2E003 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3325872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KANNEN, LOIS M 36750 U.S. HIGHWAY 19 NORTH, LODGE #27 PALM HARBOR FL 34684	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 ______________________
Signature, typed or printed name of registered agent and title if applicable DATE

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. $1,500,000.00

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 #	P95000064226	STREET ADDRESS	
NAME	R.T.K. OF PINELLAS, INC.		
STREET ADDRESS	36750 U.S. HIGHWAY 19 NORTH, LODGE #27	CITY-ST-ZIP	
CITY-ST-ZIP	PALM HARBOR FL 34684		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lois M. Kannen, LOIS M. KANNEN 3/23/05 727-938 6103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #