

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 SEP -8 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership KSMLS, LTD.	1a. DOCUMENT # A95000002051
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98-AR
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2. Mailing Address 7508 APPALACHIAN LANE Suite, Apt. #, etc.	2a. Principal Office Address 7508 APPALACHIAN LANE Suite, Apt. #, etc.
City & State PARKLAND FLORIDA	City & State
Zip Country 33067 USA	Zip Country

3. Date Formed or Registered 01/01/1996	5a. Capital Contributions as Shown on record. \$1,000,000.00
3a. Date of Last Report 12/10/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 65-0632025	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

FOSTER, KENFORD
7508 APPALACHIAN LANE
PARKLAND FL 33067

10. If changed, new Registered Agent/Office

Name _____

Street Address (P.O. Box Number Is Not Acceptable) _____

Suite, Apt. #, etc. _____

City **FL** Zip Code _____

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this state ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____


A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
FOSTER, KENFORD	7508 APPALACHIAN LANE	PARKLAND FL 33067	800002289378--0 -09/10/97--01077--009 ****541.25 ****541.25

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  DATE **9/5/97**

Typed or Printed Name of General Partner Signing Form **KEN FOSTER** Daytime Telephone Number **(954) 345-4306**