


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Mar 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # A9500002051

1. Entity Name
KSMLS, LTD.



Principal Place of Business Mailing Address
7508 APPALACHIAN LANE 7508 APPALACHIAN LANE
PARKLAND, FL 33067 PARKLAND, FL 33067

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



02092005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0632025	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, KENFORD
7508 APPALACHIAN LANE
PARKLAND, FL 33067

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	FOSTER, KENFORD	STREET ADDRESS	
NAME	7508 APPALACHIAN LANE	CITY-ST-ZIP	
STREET ADDRESS	PARKLAND, FL 33067		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000000255335
NAME		CITY-ST-ZIP	03/08/05-80010-011 528.25
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STREET ADDRESS			
CITY-ST-ZIP			

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)(f), 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: KENFORD FOSTER 3/1/05 9543454306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #