## **FILED**

| Due By May 1, 2006   |  |  |                         | Mar 28, 2006 08:00 Al<br>Secretary of State |  |
|--|--|--|-------------------------|---|--|
| DOCUI<br>1. Entity Nam<br>KSMLS, L   |  | 02051  |                         | Secret                                      | ary of State                                 |
| Principal Place of Business 7508 APPALACHIAN LANE PARKLAND, FL 33067  Mailing Address 7508 APPALACHIAN LANE PARKLAND, FL 33067 |  |  |                         |   |  |
| <del></del> _  |  |  |                         |   |  |
|  |  |  |                         | 03242006 No Chg-LP                          |  |
| DO NOT WRITE   |  | E IN THIS SPA  | CE                      | 4. FEI Number<br>65-0632025                 | Applied For Not Applicable                   |
|  |  |  |                         | 5. Certificate of Status Desired            | \$8.75 Additional Fee Required               |
|  | 6. Name and Address of Curr  | ent Registered Agent   |                         |   |  |
| FOSTER, KENFORD<br>7508 APPALACHIAN LANE   |  |  |                         | DO NOT WE                                   | RITE   |
| PARKLAND, FL 33087   |  |  | IN THIS SPA             | ACE   |  |
| 8. The above the obligat   | ions of registered agent.  Signature, typed or printed name of registered to |  | ered office or register | red agent, or both, in the State of Flori   | ida I am familiar with, and accept           |
|  | After May  | IOWIII FEE IS \$500.00<br>I, 2006, Fee will be \$900.00<br>IR THAT IS A BUSINESS ENTITY<br>MAY NOT be changed on the for | MUST BE REGIST          | TERED AND ACTIVE WITH THIS                  | 3 OFFICE.                                    |
| 12.  |  | NER INFORMATION  | in, an amendine         | it titust be thee to change a gen           | neret parater.                               |
| DOCUMENT #  NAME STREET ADDRESS CHY-ST-ZIP   | FOSTER, KENFORD<br>7508 APPALACHIAN LANE<br>PARKLAND, FL 33067               |  |                         |   |  |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                         | , 11,0000<br>14,711,706                     | 0482732<br>-8008 <b>7-</b> 017 <b>500.00</b> |
| OCCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                         | DO NOT WR                                   | RITE   |
| DOCUMENT # NAME STREET ADDRESS GITY-ST-ZIP   |  |  |                         | IN THIS SPA                                 | <b>ICE</b>                                   |
| DOCUMENT # NAME SIREET ADDRESS CITY-ST-ZIP   |  |  |                         |   |  |
| DOCUMENT #<br>NAME   |  |  |                         |   |  |

14. I hereby certify that the information supplied with his filling 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 that my signature shall have the same legal effect as if made under cath; 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:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER