


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000000202		
1. Entity Name KOUNTREE RV, LTD.		
Principal Place of Business 8230 COLLIER BLVD. NAPLES, FL 34114	Mailing Address 8230 COLLIER BLVD. NAPLES, FL 34114	



2. Principal Place of Business		3. Mailing Address		01062005	Chg-LP	CR2E003 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 74-2778431		Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHRISTINAT, FRITZ O.P. 8230 COLLIER BLVD. NAPLES, FL 34114		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. \$410,000.00	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 #	P96000008841	STREET ADDRESS	
NAME	KOUNTREE-RV, INC.	CITY-ST-ZIP	
STREET ADDRESS	8230 COLLIER BLVD.		
CITY-ST-ZIP	NAPLES, FL 34114		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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02/08/05-80054-016 535.00

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 Christinat Fritz CHRISTINAT 01/12/05 / 239-775-4340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE