


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A96000000417					
1. Entity Name K/A & CO. LTD.					
Principal Place of Business 104 CRANDON BLVD. STE. 419 KEY BISCAIYNE, FL 33149			Mailing Address 104 CRANDON BLVD. STE. 419 KEY BISCAIYNE, FL 33149		
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 65-0642106	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOSEPH, JERRY 100 GOLDEN ISLES DR. APT. 1204 HALLANDALE, FL 33009			Name WALKER STREET FLORIDA INVESTORS, INC. Street Address (P.O. Box Number is Not Acceptable) 104 CRANDON BLVD., SUITE 419 City KEY BISCAIYNE FL Zip Code 33149		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$12,000.00			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 # NAME STREET ADDRESS CITY-ST-ZIP	MIZEL, STEVEN 104 CRANDON BLVD., STE. 419 KEY BISCAIYNE, FL 33149		STREET ADDRESS CITY-ST-ZIP	700048122477 03/10/05--01009--016 **172.75	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
Date				Daytime Phone #	

FILED

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SECRETARY OF STATE
FLORIDA



01182005 Chg-LP CR2E003 (10/03)

Applied For
Not Applicable

8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
WALKER STREET FLORIDA INVESTORS, INC.
Street Address (P.O. Box Number is Not Acceptable)
104 CRANDON BLVD., SUITE 419
City
KEY BISCAIYNE FL Zip Code
33149

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

STAPLE CHECK HERE