

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 FEB -3 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #  
A96000000781

NKF I DRIVE LIMITED PARTNERSHIP



Mailing Address

P.O. BOX 30418  
LAFAYETTE LA 70580

Principal Office Address

3203 MASONIC DRIVE  
ALEXANDRIA LA 71301

2. Mailing Address

8433 LITTLELEAF COURT

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32835-2559

Country

US

2a. Principal Office Address

8433 LITTLELEAF COURT

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32835-2559

Country

US

3. Date Formed or Registered

04/18/1996

3a. Date of Last Report

5a. Capital Contributions as  
Shown on record

~~\$50,000.00~~

\$543,750.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$543,750

4. State or Country of Formation

FL

6. FEI Number

72-1327970

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

LOONEY, STEPHEN R  
200 NORTH ORANGE AVENUE  
SUITE 3000  
ORLANDO FL 32801

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 statement 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)

BAKER, W. GREGORY  
NKF, INC. D/B/A  
NKF GROUP, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

3203 MASONIC DRIVE  
8433 LITTLELEAF COURT

11b. City, State & Zip Code

ALEXANDRIA LA 71301  
ORLANDO, FL  
32835-2559

11c. Registration/  
Document Number

F96000006205

900002079549--9  
-02/06/97--01015--008  
\*\*\*2326.25 \*\*\*576.25

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

Vikki Baiers / mg. partner  
Vikki Baiers

DATE

12/4/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

407-298-0436

CR2E003 (6/96)