


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

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000001278</b>	
1. Entity Name MAK FAMILY PARTNERSHIP, LTD.	

Principal Place of Business P.O. BOX 1147 BROOKSVILLE, FL 34605-1147	Mailing Address P.O. BOX 1147 BROOKSVILLE, FL 34605-1147
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03172005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3379010	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
KIMBROUGH, JAMES H JR. 21411 BROOKES RUN ROAD BROOKSVILLE, FL 34604	

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. \$8,000,000.00	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 #		STREET ADDRESS	
NAME	KIMBROUGH, JAMES H JR.	CITY-ST-ZIP	
STREET ADDRESS	21411 BROOKES RUN ROAD		
CITY-ST-ZIP	BROOKSVILLE, FL 34604		
DOCUMENT #		STREET ADDRESS	
NAME	PARKER, KATHERINE K	CITY-ST-ZIP	
STREET ADDRESS	120 STADIUM COURT		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		
DOCUMENT #	340847	STREET ADDRESS	
NAME	KA-JIM, INC.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 1146		
CITY-ST-ZIP	BROOKSVILLE, FL 346051147		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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03/23/05-30047-022 526.25

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:  3/17/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date Daytime Phone #