

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002110

1. Entity Name
KALLMAN FAMILY PARTNERS, L.L.L.P.



Principal Place of Business
 2811 N.W. 58TH BLVD.
 GAINESVILLE, FL 32606

Mailing Address
 2811 N.W. 58TH BLVD.
 GAINESVILLE, FL 32606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3431563

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALLMAN, CLAYTON H
 2245 N.W. 24TH AVENUE
 GAINESVILLE, FL 32605-8

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$375,000.00

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 KALLMAN, CLAYTON H
 STREET ADDRESS 2811 N.W. 58TH BLVD.
 CITY-ST-ZIP GAINESVILLE, FL 32606

STREET ADDRESS U000000120646
 CITY-ST-ZIP 04/20/04 00015-029 526.25

DOCUMENT #
 NAME KALLMAN, LINDA
 STREET ADDRESS 2811 N.W. 58TH BLVD.
 CITY-ST-ZIP GAINESVILLE, FL 32606

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STREET ADDRESS
 CITY-ST-ZIP

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: X *Clayton H Kallman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.6.04 352.376.2343
 Date Daytime Phone #

STAPLE CHECK HERE