


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

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

<b>DOCUMENT # A96000002396</b>			
1. Entity Name <b>KOLAR ENTERPRISES LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>36 SEA MARSH ROAD AMELIA ISLAND FL 32304</b>		Mailing Address <b>36 SEA MARSH ROAD AMELIA ISLAND FL 32304</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>KOLAR, RONALD E 36 SEA MARSH ROAD AMELIA ISLAND FL 32304</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <b>\$2,259,979.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$573,099.00</b>	



1ST MOORE CR2E003 (10/04)

4. FEI Number **59-3418686** Applied For  
Not Applicable

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

**FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

**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 #	P96000102661	STREET ADDRESS	
NAME	KOLAR INVESTMENT ADVISORS, INC.	CITY- ST- ZIP	
STREET ADDRESS	36 SEA MARSH ROAD		
CITY- ST- ZIP	AMELIA ISLAND FL 32304		
DOCUMENT #		STREET ADDRESS	U000000255368
NAME		CITY- ST- ZIP	03/08/05-80011-019 526.25
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STREET ADDRESS			
CITY- ST- ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Ronald E Kolar* **RONALD E KOLAR** 4/26/05 904/261-7976