

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 25 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000002396

1. Entity Name
KOLAR ENTERPRISES LIMITED PARTNERSHIP



Principal Place of Business
36 SEA MARSH ROAD
AMELIA ISLAND, FL 32304

Mailing Address
36 SEA MARSH ROAD
AMELIA ISLAND, FL 32304

2. Principal Place of Business - No P.O. Box #
70 ERIC S. KOLAR PA
Suite, Apt. #, etc.
3305 ATLANTIC BLVD

3. Mailing Address
70 ERIC S. KOLAR PA
Suite, Apt. #, etc.
3305 ATLANTIC BLVD

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

Zip
32207

Country
USA

Zip
32207

Country
USA

03062007 Chg-LP CR2E003 (12/06)

4. FEI Number
59-3418686

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOLAR, RONALD E
36 SEA MARSH ROAD
AMELIA ISLAND, FL 32304

7. Name and Address of New Registered Agent

Name
KOLAR, ERIC S.

Street Address (P.O. Box Number is Not Acceptable)

3305 ATLANTIC BLVD

City **JACKSONVILLE FL** Zip Code **32207**

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 *ER. K* **ERIC S. KOLAR** **4/10/07**
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT # **P96000102661**
NAME **KOLAR INVESTMENT ADVISORS, INC.**
STREET ADDRESS **36 SEA MARSH ROAD**
CITY-ST-ZIP **AMELIA ISLAND, FL 32304**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **3305 Atlantic Blvd. Suite B**
CITY-ST-ZIP **Jacksonville FL 32207**

DOCUMENT #
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STREET ADDRESS
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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 exemptions contained in Chapter 119, 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: *ER. K* **ERIC S. KOLAR** **4/10/07** **904/396-0009**
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE