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

SIGNATURE系

Feb 08, 2005 08:00 AM DOCUMENT # A97000000020 **Secretary of State** KEN AND KAY FAMILY LIMITED PARTNERSHIP Mailing Address Principal Place of Business 2108 MORNINGSIDE ROAD AVON PARK FL 33825 P.O. BOX 460 AVON PARK FL 33826 3. Mailing Address 2. Principal Place of Business___ Suite, Apt #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State 4. FEI Number Applied For City & State 65-0714442 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNDON, KAY DAVIS Street Address (P.O. Box Number is Not Acceptable) 2108 MORNINGSIDE ROAD AVON PARK FL 33825 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. 11, FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and tife if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,751,329.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # 611383 STREET ADDRESS NAME D. M. D. GROVES, INC. STREET ADDRESS 1139 LAKE REEDY BLVD., SOUTH CHY-ST-ZIP CITY-ST-ZIP FROSTPROOF FL 33853-3384 DOCUMENT # STREET ADDRESS U00000219956 02/08/05-80049-003 525.25 NAME KENNETH, DAVIS A TRUSTEE STREET ADDRESS 116 MAXCY LANE CHY-S1-ZIP CITY ST 7IP FROSTPROOF FL 33843 DOCUMENT # CIBELL ABORESS NAME DAVIS HERNDON, KATHERINE TRUSTEE STREET ADDRESS 2108 MORNINGSIDE ROAD CriY-ST-ZIP CITY-ST-ZIP AVON PARK FL 33825 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C/TY - ST - 7IP CITY ST-ZIP DOCUMENT # STREET AUDRESS NAME CIRITET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY: \$1-78 CITY-ST ZIP 14. Thereby certify that the information supplied with this filling 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

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