## 2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

## Mar 10, 2006 08:00 AM Secretary of State **DOCUMENT # A97000000020** 1. Entity Name KEN AND KAY FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 2108 MORNINGSIDE ROAD P.O. BOX 460 AVON PARK FL 33826 **AVON PARK FL 33825** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) Applied For City & State City & State 4. FEI Number 65-0714442 Not Applicable Ζφ Country Country \$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 2108 MORNINGSIDE ROAD Street Address (P.O. Box Number is Not Acceptable) **AVON PARK FL 33825** City Zia Cade 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, lyped or printed name of registered agent and title if applicable. DATE FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State. 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 ADDRESS CHANGES ONLY DOCUMENT ( 611383 STREET ADDRESS NAME D. M. D. GROVES, INC. STREET ADDRESS 1139 LAKE REEDY BLVD., SOUTH CSY-SI-ZIP FROSTPROOF FL 33853-3384 CITY-ST-ZIP HODDODA61681 DOCUMENS & STRUET ADDRESS 03/21/06-80005-017 500.00 NAME KENNETH, DAVIS A TRUSTEE STREET ADDRESS 116 MAXCY LANE CITY-SY-ZIP CITY -ST-ZIP FROSTPROOF FL 33843 DOCUMENT # STREET ADDRESS DAVIS HERNDON, KATHERINE TRUSTEE STREET ADDRESS 2108 MORNINGSIDE ROAD CHY-ST-ZIP CITY-SI-ZIP AVON PARK FL 33825 DOCUMENT # STREET ADDRESS STREET ADDRESS City-51-21P CHY-ST-ZTP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS DITY-ST-ZIP C11Y-S1-21P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 it 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

**FILED**