## 2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

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## **FILED** Apr 05, 2007 08:00 All Secretary of State DOCUMENT # A97000000000 KEN AND KAY FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 2108 MORNINGSIDE ROAD P.O. BOX 460 **AVON PARK FL 33825** AVON PARK FL 33826 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, otc. Suite. Apt. #. etc. 1st MOORE CR2E003 (10/06) Applied For City & Stato City & State 4. FEI Number 65-0714442 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNDON, KAY DAVIS Street Address (P.O. Box Number is Not Acceptable) 2108 MORNINGSIDE ROAD AVON PARK FL 33825 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature. Typed or printed name of registered agent and talle if applicable FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, 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 LADORESS NAMI D. M. D. GROVES, INC. STREET ADDRESS 1139 LAKE REEDY BLVD., SOUTH CITY-ST-7IP CITY-S1-7IP FROSTPROOF FL 33853-3384 <del>U00000892169</del> DOCUMENT A 04/13/07-80040-018 500.00 STREET ADDRESS NAME KENNETH, DAVIS A TRUSTEE STREET ADDRESS. 116 MAXCY LANE CHY-S1-7/P CITY: ST-ZIP FROSTPROOF FL 33843 DOCUMENT # STREET ADORESS NAMI DAVIS HERNDON, KATHERINE TRUSTEE STREET ADDRESS 2108 MORNINGSIDE ROAD CITY-S1-7IP CUY-01 20 AVON PARK FL 33825 DOCUMENT # STRUCT ADDRESS MAME SIDELL ADDRESS CHY-S1-ZIP CHY-SI-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-S1-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-7IP 14. I horoby 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 logal effect as if made under eath; 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

KAY DAUL HERNDON

SIGNATURE AND TYPED OR PRINTED NAME OF