

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 21 AM 10:44

DOCUMENT # A97000000195 1. Entity Name KENSINGTON OF KISSIMMEE LTD.	
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Principal Place of Business 20721 S.W. 46TH AVE. NEWBERRY, FL 32669	Mailing Address 20721 S.W. 46TH AVE. NEWBERRY, FL 32669
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2. Principal Place of Business 20725 SW 46th Ave Suite, Apt. #, etc.	3. Mailing Address 20725 SW 46th Ave Suite, Apt. #, etc.
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City & State Newberry FL Zip 32669	City & State Newberry FL Zip 32669
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6. Name and Address of Current Registered Agent DAVIS, NORITA V 20721 S.W. 46TH AVENUE NEWBERRY, FL 32669	7. Name and Address of New Registered Agent Name <u>Stefan M. Davis</u> Street Address (P.O. Box Number is Not Acceptable) <u>20725 SW 46th Ave</u> City <u>Newberry</u> <u>FL</u> Zip Code <u>32669</u>
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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] Stefan M. Davis 3-2-05
Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. <u>\$8,407,972.00</u>	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	A95000000823	STREET ADDRESS	20725 SW 46th Ave.
NAME	DAVIS HERITAGE LTD.	CITY-ST-ZIP	Newberry FL 32669
STREET ADDRESS	500 S.W. 34TH STREET, SUITE 1307		
CITY-ST-ZIP	GAINESVILLE, FL 32608		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 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

SIGNATURE: [Signature] Stefan M. Davis 3-2-05 352-472-7773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE