

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.



Principal Place of Business
 20721 S.W. 46TH AVE.
 NEWBERRY, FL 32669

Mailing Address
 20721 S.W. 46TH AVE.
 NEWBERRY, FL 32669

2. Principal Place of Business
 20725 SW 46th Ave
 Suite, Apt. #, etc.

3. Mailing Address
 20725 SW 46th Ave
 Suite, Apt. #, etc.

City & State
 Newberry FL
 Zip 32669 Country US

City & State
 Newberry FL
 Zip 32669 Country US

01112005 Chg-LP CR2E003 (10/03)

4. FEI Number
 62-1724979

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, NORITA V
 20721 S.W. 46TH AVENUE
 NEWBERRY, FL 32669

Name Stefan M. Davis
 Street Address (P.O. Box Number is Not Acceptable)
 20725 SW 46th Ave
 City Newberry FL Zip Code 32669

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, typed or printed name of registered agent and title if applicable.

Stefan M. Davis 3-205

DATE

9. Capital Contributions
 as Shown on record. \$8,407,972.00

10. Amount of Capital Contributions
 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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # A95000000823
 NAME DAVIS HERITAGE LTD.
 STREET ADDRESS 500 S.W. 34TH STREET, SUITE 1307
 CITY-ST-ZIP GAINESVILLE, FL 32608

STREET ADDRESS 20725 SW 46th Ave.
 CITY-ST-ZIP Newberry FL 32669

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP 0000049241220
 03/28/05--01009--018 ***526.25

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Stefan M. Davis 3-205 352-472-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE