2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DOCUMENT # A9700000195

1. Entity Name

KENSINGTON OF KISSIMMEE LTD.



Principal Place of Business

20725 S.W. 46TH AVE. NEWBERRY, FL 32669

DAVIS, STEFAN M

20725 S.W. 46TH AVENUE NEWBERRY, FL 32669

Mailing Address

20725 S.W. 46TH AVE. NEWBERRY, FL 32669

FILED Feb 14, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

01182008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 62-1724979 Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Street Address (P.O. BDO De NOTCep WRITE IN THIS SPACE

Zip Code

06 508.75

DATE

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

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

A CENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE

12,	NOTE: General Partners MAY NOT be changed of GENERAL PARTNER INFORMATION	n the form; an amendment must be filed to change a general part. 13. ADDRESS CHANGES ONL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A95000000823 DAVIS HERITAGE LTD. 20725 SW 46TH AVENUE NEWBERRY, FL 32669	STREET ADDRESS CITY-ST-ZIP
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		\$18661 ADDRESS 02/25/08-80005-1
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DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	·	STREET ADDRESS CITY-SI-ZIP
DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP

14. I hereby 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 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:

STAPLE CHECK HERE

RE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

24, 2008

Date

(352) 472-7773

Daytime Phone #