


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

|  |                                 |         |   |   |  |
|--|---------------------------------|---------|---|---|--|
| <b>DOCUMENT # A97000000778</b><br>1. Entity Name<br>T.K.B., LTD.   |                                 |         |   |                                  |  |
| Principal Place of Business<br>400 HIGH POINT DRIVE, SUITE 300<br>COCOA, FL 32926  |                                 |         | Mailing Address<br>400 HIGH POINT DRIVE, SUITE 300<br>COCOA, FL 32926 |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |                                 |         | 3. Mailing Address<br>Suite, Apt. #, etc.                             |   |  |
| City & State   |                                 |         | City & State  |   |  |
| Zip  |                                 | Country |   | 4. FEI Number<br><b>59-3436726</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                                 |         |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br>ANDERSEN, ROBERT E JR.<br>400 HIGH POINT DRIVE, SUITE 300<br>COCOA, FL 32926  |                                 |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |                                 |         |   | FL Zip Code   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |                                 |         |   |   |  |
| 9. Capital Contributions as Shown on record. <b>\$1,000.00</b>   |                                 |         | 10. Amount of Capital Contributions in FLORIDA to date.               |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                                 |         |   |   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>   |                                 |         | <b>13. ADDRESS CHANGES ONLY</b>                                       |   |  |
| DOCUMENT #   | NAME                            |         | STREET ADDRESS  |   |  |
| NAME   | JOHNSON, ROBERT L TRUSTEE       |         | CITY-ST-ZIP   |   |  |
| STREET ADDRESS   | 400 HIGH POINT DRIVE, SUITE 300 |         |   |   |  |
| CITY-ST-ZIP  | COCOA, FL 32926                 |         |   |   |  |
| DOCUMENT #   | NAME                            |         | STREET ADDRESS  |   |  |
| NAME   | JOHNSON, KAREN W TRUSTEE        |         | CITY-ST-ZIP   |   |  |
| STREET ADDRESS   | 400 HIGH POINT DRIVE, SUITE 300 |         |   |   |  |
| CITY-ST-ZIP  | COCOA, FL 32926                 |         |   |   |  |
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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: <i>X Robert L Johnson</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |                                 |         | 4/26/05 4073592837<br><small>Date Daytime Phone #</small>             |   |  |

STAPLE CHECK HERE

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