

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A97000001839

1. Entity Name

THE KIBLER FAMILY LIMITED PARTNERSHIP



FILED
Mar 22, 2004 8:00 A.M.
Secretary of State

Principal Place of Business

8491 NW 17TH STREET, SUITE "L"
MIAMI FL 33126

Mailing Address

8491 NW 17TH STREET, SUITE "L"
MIAMI FL 33126

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E003 (11/03)

4. FEI Number

65-0776782

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LEWIS, HAROLD L
1 BISCAYNE TOWER, SUITE 2400
2 SOUTH BISCAYNE BLVD
MIAMI FL 33131

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.

DATE

9. Capital Contributions
as Shown on record.

\$276,827.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P97000072805
NAME KIBLER, INC.
STREET ADDRESS 13245 S.W. 74TH AVENUE
CITY-ST-ZIP MIAMI FL 33156

STREET ADDRESS
CITY-ST-ZIP 700032191887
04/08/04 01016 001 **446.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP 700032191887
04/08/04--01016--002 **88.75

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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:

Terri G. Kibler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-4-04

Date

Daytime Phone #

STAPLE CHECK HERE