

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 19 AM 9:01

DOCUMENT # A97000001839

1. Entity Name
THE KIBLER FAMILY LIMITED PARTNERSHIP



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
13245 SW 74th Ave
Suite, Apt. #, etc.

3. Mailing Address
13245 SW 74th Ave
Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip Country
33156 USA

Zip Country
33156 USA

07222005 Chg-LP CR2E003 (10/03)

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

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

7. Name and Address of New Registered Agent

Name
BSPA Corporate SERVICES c/o Thomas Wells, Esq.
Street Address (P.O. Box Number is Not Acceptable)
200 S. BISCAYNE Boulevard
STE 1000
City MIAMI FL Zip Code 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 Thomas O'Neil, Vice President

DATE 8-2-05

9. Capital Contributions
as Shown on record. \$276,827.00

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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 # L04000073094
NAME KIBLER, LLC.
STREET ADDRESS 13245 S.W. 74TH AVENUE
CITY-ST-ZIP MIAMI, FL 33156

STREET ADDRESS
CITY-ST-ZIP

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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: BY: KIBLER, LLC, BY: Terri G. Kibler Pres 7/25/05 305-233-2594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

STAPLE CHECK HERE