2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A97000001893

1. Entity Name

KATÉMAND FAMILY LIMITED PARTNERSHIP



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

06 APR 10 AM 10: 32

Principal Place of Business

3534 SWANS LANDING LAND O'LAKES, FL 34639 Mailing Address

3534 SWANS LANDING LAND O'LAKES, FL 34639



DO NOT WRITE IN THIS SPACE

03212006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3466439

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HULL, KURT H 3534 SWANS LANDING LAND O'LAKES, FL 34639

DO NOT WRITE IN THIS SPACE

 In a above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent. 	in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable	DATE
Signature, typed or printed name or registance against any site in appreciate	WOIL.

FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00

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.

NOTE. General Partiers MAT NOT be changed on the		
12.	GENERAL PARTNER INFORMATION	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	HULL, KURT H 3534 SWANS LANDING LAND O'LAKES, FL 34639	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT / NAME STREET ADDRESS		

500072361645 04/27/06--01029--017 **500.00

DO NOT WRITE IN THIS SPACE

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:

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR

Kurt H. Hall

4/4/06

813) 909-9644

Daytime Phone #