2007 LIMITED PARTNERSHIP ANNUAL REPOR Due By May 1, 2007 **DOCUMENT # A97000001893** KATEMAND FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 3534 SWANS LANDING 3534 SWANS LANDING LAND O'LAKES, FL 34639 LAND O'LAKES, FL 34639 T I RECULT TETR TENTE ERENT RECIT RECIT RECIT RECIT RECET FOR TENTE SECTION TO SECTION FOR

FILED Apr 19, 2007 08:00 A Secretary of State

CD0E003 (40(06)

|--|--|

			04022007 140	City-LP CR	22003 (12/08)
	O NOT WRITE IN THIS SP	AUE	4. FEI Number 59-34664		Applied For Not Applicable
			5. Certificate of	Status Desired	\$8.75 Additional
	6. Name and Address of Current Registered Agent	1 (1)			Fee Required
LAND O'L	RT H NS LANDING AKES, FL 34639		IN T	NOT WRI HIS SPAC	E
the obligat	named entity submits this statement for the purpose of changing its re ions of registered agent.	egistered office or register	red agent, or both,	in the State of Florida. I	am familiar with, and accept
SIGNATURE -					•
	Signature, typed or printed name of registered agent and title if applicable.			DA	,TE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.	00			
	A GENERAL PARTNER THAT IS A BUSINESS ENT NOTE: General Partners MAY NOT be changed on the				
12.	GENERAL PARTNER INFORMATION	"看有我的 是我们生的	1: 63	to by the	
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				OT WRIT	"
DDCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				IIS SPAC	English Control Person
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				######################################	1 3452 323200 00
DOCUMENT # NAME STREET ADDRESS				indiantina madi	ica oda adaron.

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 uniformation.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING GENERAL PARTNER