

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR -8 PM 4:02

**DOCUMENT # A97000002688**

1. Entity Name  
**KORMAN INVESTMENTS LIMITED PARTNERSHIP**



Principal Place of Business  
**2216 N DIXIE HWY  
 BOCA RATON, FL 33431**

Mailing Address  
**2216 N DIXIE HWY  
 BOCA RATON, FL 33431**



02272004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-0798746**

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

Name  
**INGEBORG SCHUETZ**  
 Street Address (P.O. Box Number is Not Acceptable)

**2121 N. Ocean Blvd**

City **Boca Raton** **FL** **33431**

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

*Ingeborg Schuetz*

**03/2/04**

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$6,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 # **L01000021743**  
 NAME **KS INVESTMENTS, LLC**  
 STREET ADDRESS **2216 N DIXIE HWY**  
 CITY-ST-ZIP **BOCA RATON, FL 33431**

STREET ADDRESS  
 CITY-ST-ZIP  
**400031187634**  
**03/25/04--01032--008 \*\*526.25**

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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:**

*X Helen Braverman TTe*

**3-2-04 561-394-6588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE