


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAR 15 AM 9:54

<b>DOCUMENT # A97000002688</b>					
1. Entity Name <b>KORMAN INVESTMENTS LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>2216 N DIXIE HWY BOCA RATON, FL 33431</b>			Mailing Address <b>2216 N DIXIE HWY BOCA RATON, FL 33431</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01142005 Chg-LP CR2E003 (10/03) 4. FEI Number <b>65-0798746</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SCHUTZ, INGEBOG SCHUETZ</b> <b>2121 N. OCEAN BLVD</b> <b>#309W</b> <b>BOCA RATON, FL 33431</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <u><i>Ingeborg Schuetz</i></u> <span style="float:right">03/09/05</span> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$6,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L01000021743		STREET ADDRESS		
NAME	KS INVESTMENTS, LLC		CITY-ST-ZIP		
STREET ADDRESS	2216 N DIXIE HWY		STREET ADDRESS	5000428845785	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	03/22/05--01021--005 **526.25	
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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:** *Eunice Ring* **EUNICE RING** 3-02-05 1-248-7053911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

\$ 564 4883355

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