


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002072

1. Entity Name
KENT FAMILY LIMITED PARTNERSHIP



Principal Place of Business: 2905 JACQUE LEE LANE, LAKELAND, FL 33803
Mailing Address: 2905 JACQUE LEE LANE, LAKELAND, FL 33803



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

01182005 Chg-LP CR2E003 (10/03)

City & State: City & State

4. FEI Number: 59-3536423
Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KENT, JERARD A
2905 JACQUE LEE LANE
LAKELAND, FL 33803

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: \$10,000,000.00
10. Amount of Capital Contributions in FLORIDA to date: 2,143,636

**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 #	P98000077008	STREET ADDRESS	
NAME	KENT FAMILY ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	2905 JACQUE LEE LANE		
CITY-ST-ZIP	LAKELAND, FL 33803		U00000331241
DOCUMENT #		STREET ADDRESS	04/26/05-80008-012 526.25
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: 4/26/05 DAYTIME PHONE #: 863-665-0932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER