


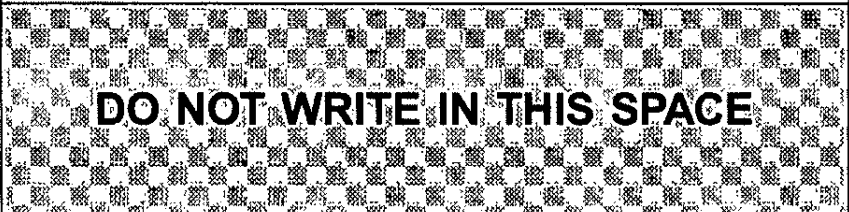
**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Apr 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # A9800002072
1. Entity Name
KENT FAMILY LIMITED PARTNERSHIP



Principal Place of Business 620 LAUREL LANE LAKELAND, FL 33813	Mailing Address 620 LAUREL LANE LAKELAND, FL 33813
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03252008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3536423	Applied For No: Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**KENT, JERARD A
620 LAUREL LANE
LAKELAND, FL 33803**



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.

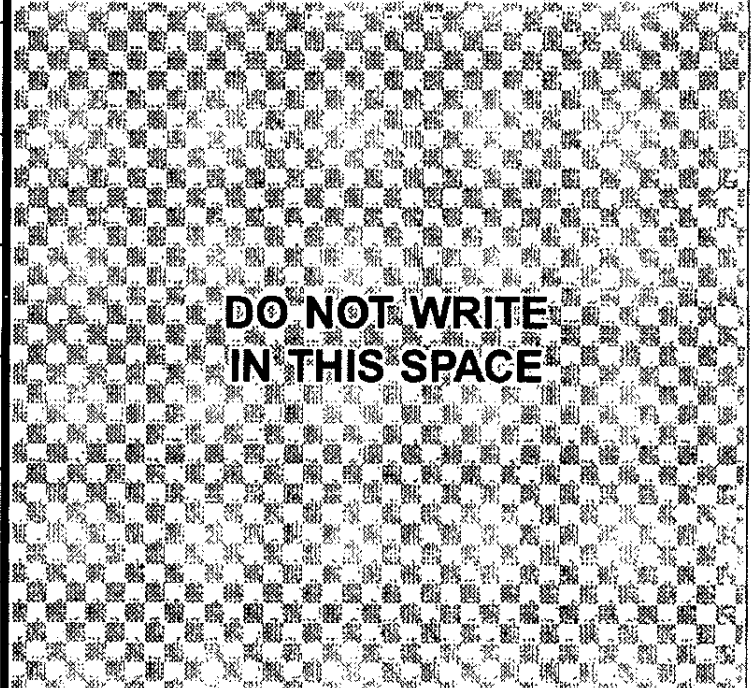
**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

U00000898164
04/25/08-80077-015 500.00

**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.**

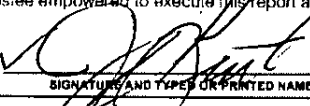
12. GENERAL PARTNER INFORMATION

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000077008 KENT FAMILY ENTERPRISES, INC. 620 LAUREL LANE LAKELAND, FL 33813
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	



STAPLE CHECK HERE

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:  **4/10/08** **863-665-8242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #