

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR -7 AM 10:15

DOCUMENT # A98000002176

1. Entity Name
 KWC FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 13014 N. DALE MABRY HWY., SUITE 356
 TAMPA, FL 33618

Mailing Address
 13014 N. DALE MABRY HWY., SUITE 356
 TAMPA, FL 33618

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03272006 Chg-LP CR2E003 (11/05)

4. FEI Number
 59-3632550

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

6. Name and Address of Current Registered Agent

HODGES, GEOFFREY T
 601 SOUTH HARBOUR ISLAND BLVD.
 STE 200
 TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name GARY FAIRBANKS
 Street Address (P.O. Box Number is Not Acceptable)
 13014 N. DALE MABRY HWY
 SUITE 356
 City TAMPA FL Zip Code 33618

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 *Gary D. Fairbanks*

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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
	SCHWENCKE, KIM M	13014 N. DALE MABRY HWY, SUITE 356	TAMPA, FL 33618
DOCUMENT #	NAME	STREET ADDRESS	CITY ST ZIP
	RAPPAPORT, A.G.	13014 N. DALE MABRY HWY, SUITE 356	TAMPA, FL 33618
DOCUMENT #	NAME	STREET ADDRESS	CITY ST ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY ST ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY ST ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY ST ZIP
STREET ADDRESS	CITY ST ZIP
STREET ADDRESS	CITY ST ZIP
STREET ADDRESS	CITY ST ZIP

200071642452
 04/24/06-01064-010 **500.00

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: *Kim M. Schwencke* Kim M. SCHWENCKE 3/28/06 813-269-0899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE