2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

FILED Apr 27, 2007 08:00 A Secretary of State

n	\cap	\cap	JMF	NIT	#	Δα	ጸበ	ሰር	ነበ	02	1	76	2
L	v	וגו	JIVIE	IVI I	# /	~3	OU	w	JU J	UZ.		7 t	

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



03292007 No Chg-LP

CR2E003 (12/06)

Fee Required

4. FEI Number Applied For 59-3632550 Not Applicable

5. Certificate of Status Desired \$8.75 Additional

6. Name and Address of Current Registered Agent

FAIRBANKS, GARY 13014 N DALE MABRY HWY SUITE 356 TAMPA, FL 33618

CHECK HERE

STAPLE

CHY ST AP

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above the obligation	e named entity submits this statement for the purpose of changing its retions of registered agent	gistered office or registered agent, or both, in the State of Florida I am Jamiliar with, and accept
SIGNATURE		
	Signature, typed or printed name of registered agent and title if applicable	DATE
·	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.	00
	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #		
NAME	SCHWENCKE, KIM M	
STREET ADDRESS	13014 N. DALE MABRY HWY, SUITE 356	
CHY+S1-ZIP	TAMPA, FL 33618	
DOCUMENT #		
NAME	RAPPAPORT, A.G.	nyanan kositap 1
STREET ADDRESS	13014 N. DALE MABRY HWY, SUITE 356	# ####################################
CITY - ST - ZIP	TAMPA, FL 33618	
DOCUMENT #		
NAME	1	
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		DO NOT WINTE
DOCUMENT 2		IN THIS SPACE
NAME	,	IN THIS STAGE
STREET ADDRESS	· .	
CITY-ST-ZIP		uonno700197
		UOOOOO739187 O5/14/O7-80015-011 500.00
DOCUMENT #		[[5/14/U(-80015-011 300.0c
NAME 070/- 7-4000-07		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT.*		
NAME		
STREET ADDRESS		

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

Kim Mi ScHWENCKE