

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

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

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
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**DO NOT WRITE IN THIS SPACE**



03292007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3632550	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  FAIRBANKS, GARY 13014 N DALE MABRY HWY SUITE 356 TAMPA, FL 33618
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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
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~~UNRECORDED  
04/18/07-80054-017 500.00~~

**DO NOT WRITE IN THIS SPACE**

UNRECORDED  
05/14/07-80015-011 500.00

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: <u>Kim M. Schwencke</u> 3/29/07 813-269-0899 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>