

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A98000002333**

1. Entity Name  
**THE KESTER FAMILY LIMITED PARTNERSHIP**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

**04 APR 15 PM 3:49**

Principal Place of Business  
**8400 N.W. 26TH DRIVE  
 CORAL SPRINGS, FL 33065**

Mailing Address  
**8400 N.W. 26TH DRIVE  
 CORAL SPRINGS, FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0869077**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KESTER, RICHARD  
 8400 N.W. 26TH DRIVE  
 CORAL SPRINGS, FL 33065**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #  
 NAME **KESTER, RICHARD**  
 STREET ADDRESS **8400 N.W. 26TH DRIVE**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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 CITY-ST-ZIP

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 CITY-ST-ZIP

**3011132283732**  
**04/09/04--01061--019 \*\*141.25**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Richard Kester* **RICHARD KESTER**

**4/6/04 954-753-1838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE