

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000002333**

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



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: **State, Apt. #, etc.**

3. Mailing Address: **State, Apt. #, etc.**

City & State: **City & State:**

Zip: **Country:** Zip: **Country:**



03232005 Chg:LP GR2E03 (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:

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

7. Name and Address of New Registered Agent:

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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and fee if applicable.

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	STREET ADDRESS	
NAME	<b>KESTER, RICHARD</b>		
STREET ADDRESS	<b>8400 N.W. 26TH DRIVE</b>	CITY-ST-ZIP	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>		
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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 - G.P.* **4/14/05** **954-753-1838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #