## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME

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CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

## FILED Due By May 1, 2007 May 01, 2007 08:00 AM DOCUMENT # A 98000002333 **Secretary of State** THE KESTER FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 8400 N.W. 26TH DRIVE 8400 N.W. 26TH DRIVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 02092007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0869077 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KESTER, RICHARD DO NOT WRITE 8400 N.W. 26TH DRIVE CORAL SPRINGS, FL 33065 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOWI!! 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. GENERAL PARTNER INFORMATION 12. DOCUMENT# NAME KESTER, RICHARD STREET ADDRESS 8400 N.W. 26TH DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33065 DOCUMENT # NAME

## DO NOT WRITE IN THIS SPACE

U00000752618 05/21/07-00023-010 500.00

Applied For

Not Applicable

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

\*\*The 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

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