


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

<b>DOCUMENT # A98000002558</b> <b>1. Entity Name</b> <b>KOHL FAMILY ASSOCIATES, LTD.</b>			
<b>Principal Place of Business</b> <b>5100 ROUND LAKE ROAD</b> <b>APOPKA FL 32712</b>		<b>Mailing Address</b> <b>5100 ROUND LAKE ROAD</b> <b>APOPKA FL 32712</b>	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**

04 FEB -2- AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

<b>6. Name and Address of Current Registered Agent</b>  MORAN, JOHN A ESQ. 22 SOUTH LINKS AVE., STE. 300 SARASOTA FL 34236		<b>7. Name and Address of New Registered Agent</b>  Name <u>ANDREW T. AMES, CPA, CFP</u> Street Address (P.O. Box Number is Not Acceptable) <u>128 W. OAK ST.</u>  City <u>ARCADIA</u> FL Zip Code <u>34266</u>	
<b>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.</b>  SIGNATURE <u>[Signature]</u> <span style="float: right;">1/22/04</span> <small>Signature, typed or printed name of registered agent and title if applicable.</small> <span style="float: right;">DATE</span>			
<b>9. Capital Contributions as Shown on record.</b> \$1,638,500.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>	

**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.**

[illegible]

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: Walt Kohl WALTER KOHL 1/28/04 407-850-1212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE