


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000002558</b>		
1. Entity Name KOHL FAMILY ASSOCIATES, LTD.		
Principal Place of Business 5100 ROUND LAKE ROAD APOPKA FL 32712		Mailing Address 5100 ROUND LAKE ROAD APOPKA FL 32712



1ST MOORE CR2E003 (10/04)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3544077		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent  AMES, ANDREW T CPA 128 W OAK ST. ARCADIA FL 34266				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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 title if applicable

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record. \$1,638,500.00  
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 #	H08469	STREET ADDRESS	
NAME	OAKVIEW MOBILE HOME SALES, INC.	CITY-ST-ZIP	
STREET ADDRESS	5100 ROUND LAKE ROAD		
CITY-ST-ZIP	APOPKA FL 32712		
DOCUMENT #		STREET ADDRESS	U000000219971
NAME		CITY-ST-ZIP	02/08/05-80049-012 526.25
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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:** Walter Kohl 1/20/05 407-880-1212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE