

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -2 AM 11:42

DOCUMENT # A99000000127

1. Entity Name
KANE MANAGEMENT ASSOCIATES, LTD.



Principal Place of Business
539 NORSOTA WAY
SARASOTA, FL 34242

Mailing Address
539 NORSOTA WAY
SARASOTA, FL 34242

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01072005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0892360

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KANE, STANLEY
539 NORSOTA WAY
SARASOTA, FL 34242

7. Name and Address of New Registered Agent

Name
Stanley B. Kane

Street Address (P.O. Box Number is Not Acceptable)
1991 Main Street, Suite 260

City Zip Code
Sarasota FL 34236

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. \$3,501,531.32

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

DOCUMENT # A99000000127
NAME KANE, STANLEY TRUSTEE
STREET ADDRESS 539 NORSOTA WAY
CITY-ST-ZIP SARASOTA, FL 34242

DOCUMENT # A99000000127
NAME Betsy Kane-Hartnett
STREET ADDRESS 1405 Westbrook Dr.
CITY-ST-ZIP Sarasota, FL 34231

DOCUMENT # A99000000127
NAME Katherine Kane
STREET ADDRESS 4284 Ballards Mill Rd
CITY-ST-ZIP Free Union, VA 22940

DOCUMENT # A99000000127
NAME Priscilla Kane Hellweg
STREET ADDRESS 1036 Northampton Street
CITY-ST-ZIP Holyoke, MA 01040

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

000046488870

02/14/05--01014--003 **526.25

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: *Betsy Kane-Hartnett* Betsy Kane-Hartnett 1/25/05 941 906-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE