

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

**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**



01092007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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 B  
1991 MAIN STREET  
SUITE 260  
SARASOTA, FL 34236**

**DO NOT WRITE  
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.

DATE

**FILE NOW!!! 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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	
NAME	<b>KANE-HARTNETT, BETSY</b>
STREET ADDRESS	<b>1405 WESTBROOK DR.</b>
CITY-ST-ZIP	<b>SARASOTA, FL 34231</b>
DOCUMENT #	
NAME	<b>KANE, KATHERINE</b>
STREET ADDRESS	<b>4284 BALLARDS MILL RD.</b>
CITY-ST-ZIP	<b>FREE UNION, VA 22940</b>
DOCUMENT #	
NAME	<b>HELLWEG, PRISCILLA KANE</b>
STREET ADDRESS	<b>1036 NORTHAMPTON STREET</b>
CITY-ST-ZIP	<b>HOLYOKE, MA 01040</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000629494  
02/19/07-80004-005 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. 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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE