


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A99000000127</b> 1. Entity Name KANE MANAGEMENT ASSOCIATES, LTD.	
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Principal Place of Business 539 NORSOTA WAY SARASOTA, FL 34242	Mailing Address 539 NORSOTA WAY SARASOTA, FL 34242
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**DO NOT WRITE IN THIS SPACE**



02212008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0892360	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KANE, STANLEY B 1991 MAIN STREET SUITE 260 SARASOTA, FL 34236
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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	KANE-HARTNETT, BETSY
STREET ADDRESS	1405 WESTBROOK DR.
CITY-ST-ZIP	SARASOTA, FL 34231
DOCUMENT #	
NAME	KANE, KATHERINE
STREET ADDRESS	4284 BALLARDS MILL RD.
CITY-ST-ZIP	FREE UNION, VA 22940
DOCUMENT #	
NAME	HELLWEG, PRISCILLA KANE
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	

**DO NOT WRITE IN THIS SPACE**

U00000366545  
04/08/08-80033-003, 500.00

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