

007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR -7 AM 10: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0907136

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DOCUMENT # A99000000142

1. Entity Name
D.K. FAMILY LIMITED PARTNERSHIP, LTD.



Principal Place of Business
1800 MARINA CIRCLE
N FT MYERS, FL 33903

Mailing Address
1800 MARINA CIRCLE
N FT MYERS, FL 33903

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KELLY, DANIEL M
1800 MARINA CIRCLE
N FT MYERS, FL 33903

**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
STREET ADDRESS
CITY-ST-ZIP
KELLY, DANIEL M
1800 MARINA CIRCLE
N FT MYERS, FL 33903

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CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

900092374639
03/13/07--01039--026 **450.00
900092374639
03/13/07--01039--027 **50.00

**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

3/5/07
Date

739-225-7019
Daytime Phone #

STAPLE CHECK HERE