


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 12 AM 8:40

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
---	---

2. Principal Place of Business - No P.O. Box # 1949 SE 37th Street	3. Mailing Address 1949 SE 37th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cape Coral, FL	City & State Cape Coral, FL
Zip 33904	Country USA



01082008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0907136	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent KELLY, DANIEL M 1800 MARINA CIRCLE N FT MYERS, FL 33903	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1949 SE 37th Street City Cape Coral FL Zip Code 33904
--	---

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	KELLY, DANIEL M 1800 MARINA CIRCLE N FT MYERS, FL 33903	STREET ADDRESS	1949 SE 37th Street
NAME		CITY - ST - ZIP	Cape Coral, FL 33904
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	500119601485 03/07/08--01005--003 **500.00
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			

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:  **1/25/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE CHECK HERE