2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

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SIGNATURE

Jan 31, 2006 08:00 AM Secretary of State DOCUMENT # A99000000311 1. Entity Name R.B. KEMPFER FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 601 EAST PALMETTO AVENUE ATTN: RICHARD H. KEMPFER MELBOURNE FL 32901 601 EAST PALMETTO AVENUE ATTN: RICHARD H. KEMPFER MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. It, etc. Suite, Apt. If. etc. 1st MOORE CR2E003 (10/05) City & State 4. FEI Number City & State Applied For 59-3561863 Not Applicate Zίρ Country Country \$8.75 Additional য 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NASH, CHARLES IAN Street Address (P.O. Box Number is Not Acceptable) 440 SOUTH BADCOCK STREET MELBOURNE FL 32901 Zip Code City The above named entity submits this statement for the purpose of changing its registered bifue or legistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and lifte if applicable DATE FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State. 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 # P99000005654 STHEET ADDRESS R.B. KEMPFER ENTERPRISES, INC. STREET ADDRESS 601 EAST PALMETTO AVENUE CITY-ST-27P U00000412889 CITY-ST-ZIP MELBOURNE FL 32901 92/10/06-80066-009 **508.7**5 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CHY-S7-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET AGORESS CITY-SI-ZIP CITY-ST-200 DOCUMENT # STREET ADDRESS. MAME STREET ADDRESS CUTY-ST-70P City-St-219 DOCUMENT # STREET ADDRESS NAME STREET ADORESS City-\$1-28* CITY-ST-ZIP

14. I nereby 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 partners or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

1-26-2006

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BCHARO H KEMPFER

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