


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A99000002222 1. Entity Name 4-K KEEN LIMITED PARTNERSHIP, LLP	
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Principal Place of Business 2531 MASTERPIECE GARDENS ROAD LAKE WALES FL 33853	Mailing Address 2531 MASTERPIECE GARDENS ROAD LAKE WALES FL 33853
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -4 AM 8:47



[Signature]

1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent KEEN, WILLIAM M 2531 MASTERPIECE GARDENS ROAD LAKE WALES FL 33853	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	
9. Capital Contributions as Shown on record. \$1,078,000.00	10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
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**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	KEEN, WILLIAM M
STREET ADDRESS	2531 MASTERPIECE GARDENS ROAD
CITY-ST-ZIP	LAKE WALES FL 33853
DOCUMENT #	
NAME	KEEN, DOREEN H
STREET ADDRESS	2531 MASTERPIECE GARDENS ROAD
CITY-ST-ZIP	LAKE WALES FL 33853
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

200050353552
04/11/05--01020--020 ***526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Doreen H. Keen</i> Doreen H. Keen 3-30-05 863-676-3130	Date	Daytime Phone #
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STAPLE CHECK HERE