


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

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000002222</b>		
1. Entity Name <b>4-K KEEN LIMITED PARTNERSHIP, LLP</b>		

Principal Place of Business <b>2531 MASTERPIECE GARDENS ROAD LAKE WALES FL 33853</b>	Mailing Address <b>2531 MASTERPIECE GARDENS ROAD LAKE WALES FL 33853</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **59-3615591** Applied For  
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KEEN, WILLIAM M 2531 MASTERPIECE GARDENS ROAD LAKE WALES FL 33853</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 \_\_\_\_\_ DAY \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	NAME	STREET ADDRESS	
NAME	<b>KEEN, WILLIAM M</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2531 MASTERPIECE GARDENS ROAD</b>		
CITY-ST-ZIP	<b>LAKE WALES FL 33853</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>KEEN, DOREEN H</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>2531 MASTERPIECE GARDENS ROAD</b>		
CITY-ST-ZIP	<b>LAKE WALES FL 33853</b>		
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STREET ADDRESS			
CITY-ST-ZIP			

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: William M. Keen 3-6-06 863-676-3130

STAPLE CHECK HERE