

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000002222**

1. Entity Name

4-K KEEN LIMITED PARTNERSHIP, LLP



Principal Place of Business

10405 CAMP MACK ROAD  
LAKE WALES, FL 33898

Mailing Address

10405 CAMP MACK ROAD  
LAKE WALES, FL 33898



02112008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3615591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEEN, LOREN J  
10405 CAMP MACK ROAD  
LAKE WALES, FL 33898

**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

*Loren J. Keen*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

4-18-08

**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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

KEEN, WILLIAM M  
2531 MASTERPIECE GARDENS ROAD  
LAKE WALES, FL 33853

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

KEEN, DOREEN H  
2531 MASTERPIECE GARDENS ROAD  
LAKE WALES, FL 33853

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

0000000913659  
05/08/08-80025-002 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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:

*Doreen H. Keen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Doreen H. Keen

4-18-08

863-676-3130  
Date Daytime Phone #