

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # B01000000156**

1. Entity Name  
**KH FINANCIAL, L.P.**



**FILED**

**04 MAY 24 PM 1:37**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**MJH**

Principal Place of Business  
**5999 NEW WILKE ROAD, SUITE 205  
ROLLING MEADOWS, IL 60008**

Mailing Address  
**5999 NEW WILKE ROAD, SUITE 205  
ROLLING MEADOWS, IL 60008**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**04302004**

**Chg-LP**

**CR2E003 (10/03)**

**5/24**

4. FEI Number

**36-4379851**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions  
as Shown on record.

**\$50,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$58,486**

**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 # **F01000002322**  
NAME **KH FINANCIAL HOLDING COMPANY**  
STREET ADDRESS **5999 NEW WILKE ROAD, SUITE 205**  
CITY-ST-ZIP **ROLLING MEADOWS, IL 60008**

STREET ADDRESS

CITY-ST-ZIP

**600037869976**  
**06/11/04--01022--020 \*\*506.93**

DOCUMENT #  
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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 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:**

*Bernard J. Stock* **VP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**April 30, 204 847/981-2983**

Date

Daytime Phone #

STAPLE CHECK HERE