
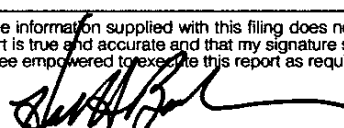


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 10 AM 10:52

DOCUMENT # B01000000156 1. Entity Name KH FINANCIAL, L.P.					
Principal Place of Business 5999 NEW WILKE ROAD, SUITE 205x 203 ROLLING MEADOWS, IL 60008				Mailing Address 5999 NEW WILKE ROAD, SUITE 205 203 ROLLING MEADOWS, IL 60008	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 36-4379851	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM				Name	
1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION, FL 33324					
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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				13. ADDRESS CHANGES ONLY	
DOCUMENT # F01000002322				STREET ADDRESS	
NAME KH FINANCIAL HOLDING COMPANY				Suite 203	
STREET ADDRESS 5999 NEW WILKE ROAD, SUITE 205x 203				CITY-ST-ZIP	
CITY-ST-ZIP ROLLING MEADOWS, IL 60008					
DOCUMENT #				STREET ADDRESS	
NAME				500068093915	
STREET ADDRESS				03/20/06 01015 027 **500.00	
CITY-ST-ZIP				CITY-ST-ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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NAME				CITY-ST-ZIP	
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: 				2/20/06 847/758-2200 <small>Date Daytime Phone #</small>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Hal Barber, Sr. Vice President					

STAPLE CHECK HERE