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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KZRV, L.P.
(Name of Foreign Limited Partnership)

Dear Sir or Madam:

The enclosed application, affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TERRY SLABACH

(Name of Person)

KZRV, L.P.

(Firm/Company)

9270 W US 20

(Address)

SHIASHAWANA, IN 46565

(City/State and Zip Code)

For further information concerning this matter, please call:

TERRY SLABACH

(Name of Person)

at (260) 768-4016

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 5, 2005

TERRY SLABACH
KZRV, L.P.
9270 W US 20
SHIPSMEWANA, IN 46565

SUBJECT: KZRV, L.P.
Ref. Number: W05000045980

We have received your document for KZRV, L.P. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability partnership must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

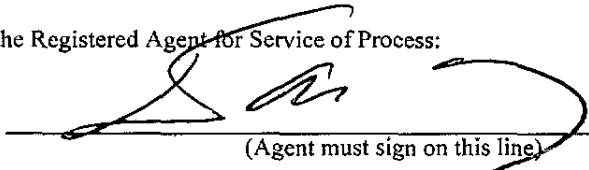
Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 205A00060525

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. KZRV, L.P.
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. INDIANA 4. 9-30-2004
(State of Formation) (Date of Formation)
5. DONNIE BAY OF ARROW RV
(Name of Registered Agent for Service of Process)
6. 2892 GULF TO BAY BLVD.
(Street Address of Registered Office)
- CLEARWATER, Florida 33759
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

(Agent must sign on this line)
8. 9270 W US 20
SHIPSHAWANA IN 46565
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS
- K.Z., Inc. 9270 W US 20
SHIPSHAWANA, IN 46565
10. 9270 W US 20 SHIPSHAWANA IN 46565
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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12. 9270 W US 20

SHIPSHENANA, IN 46565

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 26th day of SEPTEMBER, 2005.

Daryl Zook
General Partner

STATE OF

Indiana

COUNTY OF

LAGRANGE

On this 26 day of September, 2005.

Daryl Zook

personally appeared before me.

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

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TALLAHASSEE, FLORIDA

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Lois Nicole Steider
(Notary Public Signature)

Lois Nicole Steider
(Notary's Printed Name)

Seal

My Commission Expires: 9/24/07

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Darryl Zook, shareholder of K.Z., Inc.,
a general partner of KZEY, L.P., a (an) Indiana Limited Partnership
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 10.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ None.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 26th day of September, 2005.

General Partner

STATE OF Indiana
COUNTY OF LAGRANGE

On this 26 day of September, 2005,

Darryl Zook, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Lois Nicole Steider
(Notary Public Signature)

Lois Nicole Steider
(Notary's Printed Name)

Seal

My Commission Expires: 9/24/07

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TALLAHASSEE, FLORIDA

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