

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # B05000000472

1. Entity Name
KZRV, L.P.



Principal Place of Business
9270 W US 20
SHIPSHEWANA, IN 46565

Mailing Address
9270 W US 20
SHIPSHEWANA, IN 46565



01122006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
35-1268538

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$6.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRAY, DONNIE
ARROW RV
2892 GULF TO BAY BLVD
CLEARWATER, FL 33759

**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

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

DATE

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

DOCUMENT # F05000006300
NAME K.Z., INC.
STREET ADDRESS 9270 W US 20
CITY - ST - ZIP SHIPSHEWANA, IN 46565

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

UN0000396663
01/20/06-00019-013 500.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-16-06 260-768-4016

Date

Daytime Phone #

STAPLE CHECK HERE