

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB 14 AM 9:51

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

2. Principal Place of Business - No P.O. Box #
 0985 N. 900 West

3. Mailing Address
 0985 N. 900 West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Shipshewana IN

City & State
 Shipshewana IN

Zip
 46565

Country
 LaGrange

Zip
 46565

Country
 LaGrange

02032007

Chg-LP

CR2E003 (12/06)

4. FEI Number
 35-1268538

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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

13. ADDRESS CHANGES ONLY

STREET ADDRESS 0985 N. 900 West
 CITY-ST-ZIP Shipshewana IN 46565

DOCUMENT #
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 CITY-ST-ZIP

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 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:

Donja Zook-Nicholas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/5/07

260-768-4016

Date

Daytime Phone #

STAPLE CHECK HERE