


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # B06000000440					
1. Entity Name KTJ LIMITED PARTNERSHIP ONE HUNDER FORTY-ONE					
Principal Place of Business 5125 COUNTY ROAD 101, SUITE 100 MINNETONKA, MN 55345			Mailing Address 5125 COUNTY ROAD 101, SUITE 100 MINNETONKA, MN 55345		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5946277	
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 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # F06000005554	NAME OPPIDAN, INCORPORATED		STREET ADDRESS	_____	
STREET ADDRESS 5125 COUNTY ROAD 101, SUITE 100	CITY-ST-ZIP MINNETONKA, MN 55345		CITY-ST-ZIP	_____	
DOCUMENT #	NAME		STREET ADDRESS	_____	
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP	_____	
DOCUMENT #	NAME		STREET ADDRESS	_____	
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP	_____	
DOCUMENT #	NAME		STREET ADDRESS	_____	
STREET ADDRESS	CITY-ST-ZIP		CITY-ST-ZIP	_____	
DOCUMENT #	NAME		STREET ADDRESS	_____	
STREET ADDRESS	CITY-ST-ZIP		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: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date: 2/20/17 952-744-0353		

FILED
 07 FEB 28 AM 9:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02052007 Chg-LP CR2E003 (12/06)

Applied For
 Not Applicable

FL Zip Code

[Handwritten signature]

100090086491

03/02/07--01049--018 **500.00

STAPLE CHECK HERE