2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

CHECK

STAPLE

SIGNATURE:

SECRETARY OF STATE TALLAHASSEE FLORIDA DOCUMENT # B07000000089 08 MAR 11 PM 1: 07 KFP HOLDINGS, LP Principal Place of Business Mailing Address 8360 W. OAKLAND PARK BLVD., SUITE 201 8360 W. OAKLAND PARK BLVD., SUITE 201 SUNRISE, FL 33351 SUNRISE, FL 33351 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132008 Chg-LP CR2E003 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE ACCESS, INC. Street Address (P.O. Box Number is Not Acceptable) 236 E. 6TH AVE. TALLAHASSEE, FL 32303 Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. F03000005779 DOCUMENT # STREET ADDRESS DSK MANAGEMENT CORP. NAME 8360 W. OAKLAND PARK BLVD., SUITE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE, FL 33351 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

DAVID

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED