

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED

07 SEP 21 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092007 Chg-LP CR2E003 (12/06)

4. FEI Number 13-3686021 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DOCUMENT # B92000000020

1. Entity Name
ORIOLE HOLDINGS, L.P., LTD.



Principal Place of Business
**% CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Mailing Address
**% BRANNEN/GODDARD CO.
3390 PEACHTREE ROAD NE, SUITE 1200
ATLANTA, GA 30326**

2. Principal Place of Business - No P.O. Box #
Same as Above

3. Mailing Address
**Kennedy Wilson Properties, Ltd
9601 Wilshire Blvd, Suite 220
Bevely Hills, CA 90210
Attn: P. G. Lawson**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

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. **Kennedy Wilson Properties, Ltd Agent**

SIGNATURE By: **Peter G. Lawson, Managing Director** **7/14/07**

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

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # NAME STREET ADDRESS CITY - ST - ZIP	P41118 KT MANAGEMENT CORP. C/O MAX-PLANCK-STRASSE 8, D-6909 WALLDORF/BADEN, GERMANY.	STREET ADDRESS	
		CITY - ST - ZIP	100109872501 09/25/07--01008--025 **508.75
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		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: **7/14/07** **915 4356600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE