


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # B96000000314			
1. Entity Name ORLANDO-IM LIMITED PARTNERSHIP			
Principal Place of Business % KESSINGER/HUNTER & COMPANY, INC. 2600 GRAND AVENUE, SUITE 700 KANSAS CITY, MO 64108		Mailing Address % KESSINGER/HUNTER & COMPANY, INC. 2600 GRAND AVENUE, SUITE 700 KANSAS CITY, MO 64108	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$3,300,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$3,273,337.00	
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 #	B96000000313	STREET ADDRESS	
NAME	IMKC-ORLANDO LIMITED PARTNERSHP	CITY-ST-ZIP	000000331088
STREET ADDRESS	2600 GRAND AVENUE, SUITE 700		04/26/05-80003-003 526.25
CITY-ST-ZIP	KANSAS CITY, MO 64108		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X <i>[Signature]</i>		IMKC Orlando LP, GP by <i>[Signature]</i> OFFICERS CORP. ITS GP BY 2/25/05 816 842 2670	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>[Signature]</i>		Date Daytime Phone #	

STAPLE CHECK HERE

