


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 MAY 19 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000084					
1. Entity Name KFP ASSOCIATES LIMITED					
Principal Place of Business 2500 INTERPLEX DRIVE TREVOS, PA 19047			Mailing Address 7411 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 23-2313065	
				Applied For Not Applicable	
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		
KRAFTSOW, STANLEY A 7411 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109-0996			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 <u>Stanley Kraftsow General Partner</u> DATE <u>4/14/05</u>					
9. Capital Contributions as Shown on record. \$7,500.00					
10. Amount of Capital Contributions in FLORIDA to date. - \$141.25					
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		
NAME	KRAFTSOW, STANLEY		CITY - ST - ZIP		
STREET ADDRESS	2500 INTERPLEX DRIVE				
CITY - ST - ZIP	TREVOS, PA 19047				
DOCUMENT #	NAME		STREET ADDRESS	900055194843	
NAME			CITY - ST - ZIP	05/24/05--01064--016 **141.25	
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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: <u>Stanley Kraftsow</u> DATE <u>5/20/05</u> 305 673-0254					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE