

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

KIMCO AUTO FUND

|  |         |  |         |
|--|---------|--|---------|
| <b>DOCUMENT # B99000000240</b>   |         |  |         |
| 1. Entity Name<br>KIMCO AUTOFUND, LP   |         |  |         |
| Principal Place of Business<br>C/O KIMCO REALTY CORPORATION<br>3333 NEW HYDE PARK ROAD<br>NEW HYDE PARK NY 11042 |         | Mailing Address<br>C/O KIMCO REALTY CORPORATION<br>3333 NEW HYDE PARK ROAD<br>NEW HYDE PARK NY 11042 |         |
| 2. Principal Place of Business   |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.  |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |



1ST MOORE CR2E003 (10/04)

4. FEI Number **52-2107955** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**CY CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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.

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

**11. FILE NOW!!! Due by May 1, 2005.**  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$13,044,370.00** 10. Amount of Capital Contributions in FLORIDA to date. **13,044,370.00**

**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 #                      | F99000003176                      | STREET ADDRESS           |  |
| NAME                            | KIMCO AUTOVENTURE, INC.           | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | 3333 NEW HYDE PARK ROAD           |                          |  |
| CITY - ST - ZIP                 | NEW HYDE PARK NY 11042            |                          |  |
| DOCUMENT #                      | P98000022418                      | STREET ADDRESS           |  |
| NAME                            | POT/KIM AUTOVENTURE GENERAL, INC. | CITY - ST - ZIP          |  |
| STREET ADDRESS                  | 130 SPRUCE STREET                 |                          |  |
| CITY - ST - ZIP                 | PHILADELPHIA PA 19106             |                          |  |
| 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                 |                                   |                          |  |

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05/11/05-80008-008 526.25

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-27-05 516869900  
Date Daytime Phone #

STAPLE CHECK HERE