


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> B99000000240	
<b>1. Entity Name</b> KIMCO AUTOFUND, LP	

<b>Principal Place of Business</b> C/O KIMCO REALTY CORPORATION 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042	<b>Mailing Address</b> C/O KIMCO REALTY CORPORATION 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 52-2107955	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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<b>7. Name and Address of New Registered Agent</b>
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.**

<b>SIGNATURE</b>	<b>DATE</b> 04/26/06-80034-018 500.00
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**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

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

**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**

<b>SIGNATURE:</b>	<b>DATE</b> 3-16-06	<b>FILE NO</b> 516-869-9000
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STAPLE CHECK HERE