2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Principal Place of Business KIMCO REALTY CORP. 3333 NEW HYDE PARK RD., SUITE 100 NEW HYDE PK NY 11042

DOCUMENT # \$93632

1. Entity Name

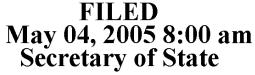
KCH LAKE WORTH, INC.



Mailing Address

KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PK NY 11042

Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				



05-04-2005 90165 037 ***150.00



1st MOORE

CR2E034 (10/04)

City & State		City & State			4. FEI Numb	Not Applied F		
Zip	Country	Zip	Country 5. Cert		5. Certificate	oralius Desiren III	68.75 Additional ee Required	
	6. Name and Address of Current Re	gistered Agent	<u> </u>		7. Name and	Address of New Registered	Agent	
CT CO	PRPORATION SYSTEM	 .	<u> </u>	Name			-	
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable)					
			-	City		FL	Zip Code	
	med entity submits this statement for the s of registered agent.	e purpose of cha	nging its registered	office or regis	stered agent, or bo	th, in the State of Florida. I am	familiar with, and ac	cept
SIGNATURE	nature, typed or printed name of registered agent and	litle if applicable	(NOTE Registered Ag	gent signature requ	ured when reinstating)	DATE		-
After Ma	NOW!!! FEE IS \$150.00 ay 1, 2005 Fee Will Be \$550.00 ayable to Florida Department of S	ate				Election Campaign Financ Trust Fund Contribution.	ing \$5.00 Ma	•
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS	CHANGES TO OFFICERS AND	DIRECTORS IN 11	

10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, MILTON 3333 NEW HYDE PK. RD. 100 NEW HYDE PK. NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHINDLE, MICHAEL 3333 NEW HYDE PK. RD. 100 NEW HYDE PK NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	micrael	schind		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLYNN, MIKE- 3333 NEW HYDE PARK RD., P.O BOX 5020 NEW HYDE PK NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ,	•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COHEN, GLENN 3333 NEW HYDE PK. RD. 100 NEW HYDE PK NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAPPAGALLO, MIKE 3333 NEW HYDE PK. RD. 100 NEW HYDE PARK NY 11042	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	YARMAK, JOEL I 3333 NEW HYDE PK. RD. 100	☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition	

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR