

**2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A21000000588

**Entity Name:** KMEB KAISER FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

**FILED**  
**Feb 05, 2024**  
**Secretary of State**  
**4954431732CC**

**Current Principal Place of Business:**

5617 RIVERSIDE DRIVE  
CAPE CORAL, FL 33904

**Current Mailing Address:**

5617 RIVERSIDE DRIVE  
CAPE CORAL, FL 33904 US

**FEI Number: 87-3209600**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KAISER, DALE J  
5617 RIVERSIDE DRIVE  
CAPE CORAL, FL 33904 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document #  
Name KAISER, DALE J  
Address 5617 RIVERSIDE DRIVE  
City-State-Zip: CAPE CORAL FL 33904

Document #  
Name KAISER, SHARON T  
Address 4854 WEST LANE  
City-State-Zip: CUBA CITY WI 53807

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DALE J. KAISER**

**PARTNER**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date