

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000571			
1. Entity Name KRAMER PARTNERSHIP, LTD.			
Principal Place of Business 39 BATTERY ROAD BELFAST, ME 04915		Mailing Address 39 BATTERY ROAD BELFAST, ME 04915	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHUSTER, CARL 200 EAST BROWARD BLVD. RUDEN MCCLOSKEY SMITH SCHUSTER RUSSELL FORT LAUDERDALE, FL 33301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. \$3,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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	STEIN, MICHAEL		
STREET ADDRESS	39 BATTERY ROAD		1100000362340
CITY-ST-ZIP	BELFAST, ME 04915	CITY-ST-ZIP	05/05/05-20112-018 526.25
DOCUMENT #	NAME	STREET ADDRESS	
NAME	STEIN, JUDITH		
STREET ADDRESS	39 BATTERY ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	BELFAST, ME 04915		
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STREET ADDRESS		CITY-ST-ZIP	
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: <i>Judith K Stein</i>		Date: <i>4-19-05</i> Daytime Phone #: <i>201-338-5318</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



04062005 Chg-LP CR2E003 (10/03)

4. FEI Number **65-0475588** Applied For Not Applicable

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

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