


2001 UNIFORM BUSINESS REPORT (UBR)

0014659 AF

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DOCUMENT # A33367					
1. Entity Name KRAUSS/SCHWARTZ PROPERTIES, LTD.					
Principal Place of Business 715 N. SHERRILL ST. TAMPA FL 33609			Mailing Address POST OFFICE BOX 23943 TAMPA FL 33623		
FILED					
01 APR 23 AM 10:50					
SECRETARY OF STATE TALLAHASSEE, FLORIDA					
					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3142867	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRAUSS, ELMER J 715 N. SHERRILL ST. TAMPA FL 33609			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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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 #	F93000003374		STREET ADDRESS		
NAME	KRAUSS/SCHWARTZ PROPERTIES CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	715 N. SHERRILL ST.				
CITY-ST-ZIP	TAMPA FL 33609				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	200004137742--3	
NAME			CITY-ST-ZIP	05/07/01-01010-009	
STREET ADDRESS				****141.25 ****141.25	
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
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:		SIGNATURE REQUIRED		<i>Elmer J. Krauss</i>	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date 4-17-01 Daytime Phone #	

CR2E003 (11/00)