


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

DOCUMENT # A33367 1. Entity Name KRAUSS/SCHWARTZ PROPERTIES, LTD.	
---	---

FILED

04 APR 30 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 715 N. SHERRILL ST. TAMPA, FL 33609	Mailing Address POST OFFICE BOX 23943 TAMPA, FL 33623
---	---

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

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

04232004	Chg-LP	CR2E003 (10/03)
4. FEI Number 59-3142867	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KRAUSS, ELMER J 715 N. SHERRILL ST. TAMPA, FL 33609	7. Name and Address of New Registered Agent Name JEFFREY H. SCHWARTZ Street Address (P.O. Box Number is Not Acceptable) 715 N. SHERRILL STREET City TAMPA FL Zip 33609
--	--

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 _____ DATE _____
Signature must be printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100.00	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 CITY - ST - ZIP	F93000003374 KRAUSS/SCHWARTZ PROPERTIES CORPORATION 715 N. SHERRILL ST. TAMPA, FL 33609	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	708836482467
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	05/14/04--01060--004 **141.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	

STAPLE CHECK HERE

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

JEFFREY H. SCHWARTZ, PRESIDENT

SIGNATURE: _____	4/23/04 (813)289-3180
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>