


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

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

DOCUMENT # A33367 1. Entity Name KRAUSS/SCHWARTZ PROPERTIES, LTD.	
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Principal Place of Business 715 N. SHERRILL ST. TAMPA FL 33609	Mailing Address POST OFFICE BOX 23943 TAMPA FL 33623
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1ST MOORE CR2E003 (10/04)

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

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, typed or 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.

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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	
DOCUMENT #	F93000003374
NAME	KRAUSS/SCHWARTZ PROPERTIES CORPORATION
STREET ADDRESS	715 N. SHERRILL ST.
CITY - ST - ZIP	TAMPA FL 33609
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	U00000363811
CITY - ST - ZIP	05/05/05-80149-026 141 25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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)(l), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/6/05
303
809
0908
Phone #