

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013637 AT

**DOCUMENT # A33367**

1. Entity Name  
**KRAUSS/SCHWARTZ PROPERTIES, LTD.**



FILED

03 MAY -9 PM 1:30

Principal Place of Business  
**715 N. SHERRILL ST.  
TAMPA FL 33609**

Mailing Address  
**POST OFFICE BOX 23943  
TAMPA FL 33623**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-3142867**

5. Certificate of Status Desired  **\$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

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 *[Signature]* DATE *[Date]*

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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			200018676862
CITY-ST-ZIP			05/09/03 01075 032 **141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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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

Krauss/Schwartz Properties Corporation

SIGNATURE: *[Signature]* **4/23/03** **813-289-3180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)