


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # A0000001342

1. Entity Name
JOHN R. AND SALLY S. KRAMER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**12620 COLLIER'S RESERVE DRIVE
 NAPLES, FL 34110**

Mailing Address
**12620 COLLIER'S RESERVE DRIVE
 NAPLES, FL 34110**


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

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

City & State
 Zip Country

6. Name and Address of Current Registered Agent

**KRAMER, JOHN R
 12620 COLLIER'S RESERVE DRIVE
 NAPLES, FL 34110**



02022005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3686579 Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$207,191**

10. Amount of Capital Contributions in FLORIDA to date. **\$207,191** **\$526.25**

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 #		STREET ADDRESS	
NAME	KRAMER, JOHN R TRUSTEE		U00000235402
STREET ADDRESS	12620 COLLIER'S RESERVE DRIVE		02/19/05 00002 002 526.25
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME	KRAMER, SALLY S TRUSTEE		
STREET ADDRESS	12620 COLLIER'S RESERVE DRIVE		
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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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)(f), 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: *John R Kramer* **2/15/05** **(239) 593-0748**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Definite Phone #