

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 16 AM 11:01

<b>DOCUMENT # A03000001013</b> 1. Entity Name <b>THE KRONER INVESTMENTS FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>13353 N.W. 13TH STREET SUNRISE, FL 33323</b>			Mailing Address <b>C/O ROBERT B. KRONER 13353 N.W. 13TH STREET SUNRISE, FL 33323</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE, FL 33316</b>			Name <b>KRONER, Robert B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>13353 NW 13th STREET</b> City <b>SUNRISE</b> <b>FL</b> Zip Code <b>33323</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>2/12/05</b>		
9. Capital Contributions as Shown on record. <b>\$0.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	KRONER, ROBERT B		CITY-ST-ZIP		
STREET ADDRESS	13353 N.W. 13TH STREET		CITY-ST-ZIP		
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP		
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CITY-ST-ZIP			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:			DATE <b>2/12/05</b> DAYTIME PHONE # <b>954 838 7689</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

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