

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

FILED

05 APR 19 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02162005 Chg-LP CR2E003 (10/03)

4. FEI Number **20-0535123** Applied For  
Not Applicable

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

<b>DOCUMENT # A04000000017</b>			
1. Entity Name <b>KRUSE &amp; SON, LTD.</b>			
Principal Place of Business <b>34990 EMERALD COAST PARKWAY, SUITE 401 DESTIN, FL 32541</b>		Mailing Address <b>34990 EMERALD COAST PARKWAY, SUITE 401 DESTIN, FL 32541</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HELMICH, KEVIN M 4481 LEGENDARY DRIVE, SUITE 200 DESTIN, FL 32541</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State <b>FL</b> 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. <b>\$990.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$ 990.00</b>
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**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 #	P04000000658	STREET ADDRESS	
NAME	KRUSE & SON, INC.	CITY - ST - ZIP	<b>800054019658</b>
STREET ADDRESS	34990 EMERALD COAST PARKWAY, SUITE 401		<b>05/06/05--01068--025 **141.25</b>
CITY - ST - ZIP	DESTIN, FL 32541		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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

**SIGNATURE:** *[Signature]* **CRUSE, J. KRUSE** **11 Apr 2005** **850 2891212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE