


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Feb 09, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # A0400000017</b> 1. Entity Name <b>KRUSE &amp; SON, LTD.</b>	
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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>
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>20-0535123</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HELMICH, KEVIN M  
4481 LEGENDARY DRIVE, SUITE 200  
DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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 #	P04000000658
NAME	KRUSE & SON, INC.
STREET ADDRESS	34990 EMERALD COAST PARKWAY, SUITE 401
CITY-ST-ZIP	DESTIN, FL 32541
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	

000000629507  
02/19/07-80004-018 500.00

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 2/5/07 **Daytime Phone #** (850) 269-1212