2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED

Due By May 1, 2006					May 01, 2006 08:0 Secretary of Sta			
DOCUMENT #A0400001128					Se	cretary	of Sta	
1. Entity Name KRW MEDICAL OFFICE BUILDING PORTFOLIO LIMITED PARTNERSHIP								
Principal Place of Business Mailing Address 2040 WHITFIELD AVENUE 2040 WHITFIELD AVENU SARASOTA, FL 34243 SARASOTA, FL 34243		2040 WHITFIELD AVENUE						
		TE IN THIS SPA	CE	04252006 No. 4. FEI Number 20-13432 5. Certificate of	o Chg-LP 245			
6. Name and Address of Current Registered Agent MIDDLEBROOKS, J. HUGH 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			DO NOT WRITE IN THIS SPACE					
8. The above the obligation SIGNATURE	tions of registered agent.	ent for the purpose of changing its registe	red office or register	ed agent, or both.	in the State of Flo		with, and accep	
	Signature, typed or printed name of registered	NOW!!! FEE IS \$500.00	 		, <u>-</u>	DATE	· · · · ·	
	After May A GENERAL PARTNI	1, 2006, Fee will be \$900.00 ER THAT IS A BUSINESS ENTITY! MAY NOT be changed on the form	MUST BE REGIST	ERED AND AC	TIVE WITH TH	S OFFICE.		
12.		TNER INFORMATION		,		netal partiter.		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ROSKAMP MANAGEMENT 2040 WHITFIELD AVENUE SARASOTA, FL 34243	COMPANY, LLC		-;	r incoco	100010		
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14. It 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:

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTER NAME OF SIGNING GENERAL PARTNER

4/24/06

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