


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A04000001657					
1. Entity Name ALLEN KONRAD CAPITAL APPRECIATION INVESTORS LTD.					
Principal Place of Business 1877 S FEDERAL HIGHWAY, SUITE 101 BOCA RATON FL 33432			Mailing Address 1877 S FEDERAL HIGHWAY, SUITE 101 BOCA RATON FL 33432		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-1851757				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, TIMOTHY 1877 S FEDERAL HIGHWAY, SUITE 101 BOCA RATON FL 33432			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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 #	P04000138286		STREET ADDRESS		
NAME	ALLEN KONRAD REAL ESTATE MANAGEMENT CORP.		CITY- ST- ZIP		
STREET ADDRESS	1877 S FEDERAL HIGHWAY, SUITE 101				
CITY- ST- ZIP	BOCA RATON FL 33432				
DOCUMENT #			STREET ADDRESS	000000735078	
NAME			CITY- ST- ZIP	05/10/07-80019-012 500.00	
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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 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: _____			4/23/07 561. 347. 7292		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE