


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000000756 1. Entity Name KRADEL ENTERPRISES, LTD.	
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FILED
06 MAY 22 PM 2:25
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



Principal Place of Business 2819 LONGLEAF DRIVE PANAMA CITY, FL 32405	Mailing Address 2819 LONGLEAF DRIVE PANAMA CITY, FL 32405
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2. Principal Place of Business	3. Mailing Address	4. FEI Number
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	

03102006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent KRADEL, BRIAN K 2819 LONGLEAF DRIVE PANAMA CITY, FL 32405	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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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, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000046575	STREET ADDRESS	
NAME	KRADEL, INC.	CITY - ST - ZIP	
STREET ADDRESS	2819 LONGLEAF DRIVE		
CITY - ST - ZIP	PANAMA CITY, FL 32405		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

900075105729
 05/23/06--01055--011 **500.00

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: *Brian K. Kradel* **4/25/06** **(950) 795-3195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE