

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR 27 AM 11:15

|  |                   |                     |  |  |  |
|--|-------------------|---------------------|--|--|--|
| <b>DOCUMENT # A05000002075</b><br>1. Entity Name<br>KRAP 2 FAMILY LIMITED PARTNERSHIP  |                   |                     |  |  |  |
| Principal Place of Business<br>6505 SW 92 STREET<br>MIAMI, FL 33156  |                   |                     | Mailing Address<br>6505 SW 92 STREET<br>MIAMI, FL 33156  |  |  |
| 2. Principal Place of Business   |                   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |                   | Suite, Apt. #, etc. |  |  |  |
| City & State   |                   | City & State        |  |  |  |
| Zip  | Country           | Zip                 | Country  | 4. FEI Number<br>01042006    Chg-LP    CR2E003 (11/05)                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                   |                     |  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent<br><br>TEST, SANDRA L<br>JOHN H. TEST, P.A.<br>8900 SW 117 AVENUE, SUITE B-105<br>MIAMI, FL 33186  |                   |                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                   |                     |  |  |  |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>After May 1, 2006, Fee will be \$900.00</b>   |                   |                     |  |  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |                   |                     |  |  |  |
| 12. GENERAL PARTNER INFORMATION  |                   |                     | 13. ADDRESS CHANGES ONLY   |  |  |
| DOCUMENT #   | L04000004164      |                     | STREET ADDRESS   |  |  |
| NAME   | KRAP 1, LLC       |                     | CITY-ST-ZIP  |  |  |
| STREET ADDRESS   | 6505 SW 92 STREET |                     |  |  |  |
| CITY-ST-ZIP  | MIAMI, FL 33156   |                     |  |  |  |
| DOCUMENT #   |                   |                     | STREET ADDRESS   |  |  |
| NAME   |                   |                     | CITY-ST-ZIP  |  |  |
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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: <i>Karen Raben</i> <i>Karen Raben</i>   |                   |                     | 3/16/06    305 632 9619  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #</small>   |                   |                     |  |  |  |

STAPLE CHECK HERE

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