


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May-1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:41

DOCUMENT # A06000001447	
1. Entity Name KRONON, LTD.	

Principal Place of Business 9400 RIVER CROSSING BLVD, SUITE 102 NEW PORT RICHEY, FL 34655	Mailing Address 9400 RIVER CROSSING BLVD, SUITE 102 NEW PORT RICHEY, FL 34655
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2. Principal Place of Business - No P.O. Box # 1000 N. Hercules Ave Suite, Apt. #, etc.	3. Mailing Address 1000 N. Hercules Ave Suite, Apt. #, etc.
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04282008 Chg-LP CR2E003 (12/06)

City & State CLEARWATER FL	City & State CLEARWATER FL
Zip 33765	Country USA
Zip 33765	Country USA

4. FEI Number 20-8056361	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KING, DAVID W 1000 N. HERCULES AVE CLEARWATER, FL 33765	
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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
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FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #		STREET ADDRESS	
NAME	KING, DAVID W	CITY-ST-ZIP	
STREET ADDRESS	1000 N HERCULES AVE		
CITY-ST-ZIP	CLEARWATER, FL 33765		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 05/05/08--01015--006 **500.00

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:	4/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #