

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 FEB 12 PM 1:53

1. Name of Limited Partnership  
**KRAUSS/SCHWARTZ PROPERTIES, LTD.**

1a. DOCUMENT #  
**A33367**



*BK 2/18/97*

Mailing Address: POST OFFICE BOX 23943, TAMPA FL 33623

Principal Office Address: 715 N. SHERRILL ST., TAMPA FL 33609

2. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

2a. Principal Office Address: Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered: 08/31/1992

3a. Date of Last Report: 11/30/1995

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: \$100.00

5b. Amount of Capital Contributions in FLORIDA to date:

6. FEI Number: 59-3142867  Applied For  Not Applicable

7. Certificate of Status Desired  \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent  
**KRAUSS, ELMER J  
715 N. SHERRILL ST.  
TAMPA FL 33609**

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

10. If changed, new Registered Agent/Office

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

Suite, Apt. #, etc. \_\_\_\_\_

City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
KRAUSS/SCHWARTZ PROPERTIES C	715 N. SHERRILL ST.	TAMPA FL 33609	F93000003374

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\*\*\*\*191.25 \*\*\*\*191.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Elmer J. Krauss* DATE *2/10/97*

Typed or Printed Name of General Partner Signing Form *Elmer J. Krauss* Daytime Telephone Number *813-289-3180*

CR2E003 (1/1/96)