


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A33367</b> 1. Entity Name KRAUSS/SCHWARTZ PROPERTIES, LTD.	
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Principal Place of Business 715 N. SHERRILL ST. TAMPA FL 33609	Mailing Address POST OFFICE BOX 23943 TAMPA FL 33623
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent  SCHWARTZ, JEFFREY H 715 N. SHERRILL ST. TAMPA FL 33609	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City
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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

9. Capital Contributions as Shown on record \$100.00 10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

**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 #	F93000003374	STREET ADDRESS	
NAME	KRAUSS/SCHWARTZ PROPERTIES CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	715 N. SHERRILL ST.		
CITY-ST-ZIP	TAMPA FL 33609		
DOCUMENT #		STREET ADDRESS	U00000363811
NAME		CITY-ST-ZIP	05/05/05-80149-026 141 25
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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 exemption stated in Section 119.07(3)(f), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/6/05 303 809 0988