


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A33367</b>			
1. Entity Name <b>KRAUSS/SCHWARTZ PROPERTIES, LTD.</b>			
Principal Place of Business <b>715 N. SHERRILL ST. TAMPA FL 33609</b>		Mailing Address <b>POST OFFICE BOX 23943 TAMPA FL 33623</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/06)

4. FEI Number <b>59-3142867</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SCHWARTZ, JEFFREY H 715 N. SHERRILL ST. TAMPA FL 33609</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____	

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY-STATE-ZIP	<b>F93000003374 KRAUSS/SCHWARTZ PROPERTIES CORPORATION 715 N. SHERRILL ST. TAMPA FL 33609</b>	STREET ADDRESS CITY-STATE-ZIP	<b>000000730780 05/08/07-80093-016 500.00</b>
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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:** *Charlene D. Moore, Sec/Treas.* **4/18/07** **813-289-3180**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE