

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

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



**DOCUMENT # A33367**  
1. Entity Name  
**KRAUSS/SCHWARTZ PROPERTIES, LTD.**

Principal Place of Business      Mailing Address  
**715 N. SHERRILL ST.  
TAMPA FL 33609**      **POST OFFICE BOX 23943  
TAMPA FL 33623**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E003 (10/06)

City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-3142867**      Not Applicable  
5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**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      **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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable.

**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 |  |
|---------------------------------|--|
| DOCUMENT #                      | F93000003374                           |
| NAME                            | KRAUSS/SCHWARTZ PROPERTIES CORPORATION |
| STREET ADDRESS                  | 715 N. SHERRILL ST.                    |
| CITY-STATE-ZIP                  | TAMPA FL 33609                         |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY-STATE-ZIP                  |  |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY-STATE-ZIP                  |  |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY-STATE-ZIP                  |  |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY-STATE-ZIP                  |  |

| 13. ADDRESS CHANGES ONLY |   |
|--------------------------|---|
| STREET ADDRESS           |   |
| CITY-STATE-ZIP           | 000000730780<br>05/08/07-80093-016 500.00 |
| STREET ADDRESS           |   |
| CITY-STATE-ZIP           |   |
| STREET ADDRESS           |   |
| CITY-STATE-ZIP           |   |
| STREET ADDRESS           |   |
| CITY-STATE-ZIP           |   |
| STREET ADDRESS           |   |
| CITY-STATE-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:** *Charlene D. Moore, Sec/Treas.*      **CHARLENE D. MOORE**      4/18/07      813-289-3180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE