


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:20

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A95000000099	
1. Entity Name KRUSEN LIMITED PARTNERSHIP, LTD., LLLP	

Principal Place of Business 712 SOUTH OREGON AVE., SUITE 200 TAMPA, FL 33606	Mailing Address 712 SOUTH OREGON AVE., SUITE 200 TAMPA, FL 33606
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2. Principal Place of Business 1414 W SWANN AVE Suite, Apt. #, etc. SUITE 100 City & State TAMPA, FL Zip 33606 Country USA	3. Mailing Address 1414 W SWANN AVE Suite, Apt. #, etc. SUITE 100 City & State TAMPA, FL Zip 33606 Country USA
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04102006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent KRUSEN, WILLIAM A 712 SOUTH OREGON AVE., SUITE 200 TAMPA, FL 33606	
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7. Name and Address of New Registered Agent Name KRUSEN, W. ANDREW, JR. Street Address (P.O. Box Number is Not Acceptable) 1414 W. SWANN AVENUE SUITE 100 City TAMPA FL Zip Code 33606	
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 <u><i>W. Andrew Krusen Jr.</i></u> W. ANDREW KRUSEN JR. 4/24/06 Signature, typed or printed name of registered agent and title if applicable. DATE	

FILE NOW!!! FEE IS \$600.00
After May 1, 2006, 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 # P94000093000	NAME 2909 W.A.K. CORPORATION	STREET ADDRESS 1414 W SWANN AVE, SUITE 100	
STREET ADDRESS 712 SOUTH OREGON AVE., SUITE 200		CITY-ST-ZIP TAMPA, FL 33606	
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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: *W. Andrew Krusen Jr.* **PRESIDENT 2909 WAK CORP.**
W. ANDREW KRUSEN, JR. **4/24/06** **813-837-3009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE