

**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

DOCUMENT #A95000001568

1. Entity Name
THE KRAVITZ FAMILY PARTNERSHIP, LTD.



Principal Place of Business
**7600 W. 20TH AVENUE, SUITE 213
HIALEAH, FL 33016**

Mailing Address
**7600 W. 20TH AVENUE, SUITE 213
HIALEAH, FL 33016**

DO NOT WRITE IN THIS SPACE

**FILED
May 01, 2006 08:00 AM
Secretary of State**



04132006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0702343	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KRAVITZ, HAROLD P
7600 W. 20TH AVENUE, SUITE 213
HIALEAH, FL 33016**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**10413200654925
05/16/06 8:00:23 5011.00**

**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

DOCUMENT # **P95000056513**
NAME **KFR G.P., INC.**
STREET ADDRESS **7600 W. 20TH AVENUE, SUITE 213**
CITY-ST-ZIP **HIALEAH, FL 33016**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/06
Date Daytime Phone #