

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000002404

FILED

02 JAN -9 PM 4: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NJH



1. Entity Name

KRAUSKOPF HOLDINGS, LTD.

Principal Place of Business

Mailing Address

1555 N.E. OCEAN BLVD., #305N
STUART FL 34994

PO BOX 1225
STUART FL 34995

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0722113

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAUSKOPF, FREDERICK F
1555 N.E. OCEAN BLVD., #305N
STUART FL 34994

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$898,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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-ST-ZIP

KRAUSKOPF, FREDERICK F TRUSTEE
1555 N.E. OCEAN BLVD., #305N
STUART FL 34994

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

KRAUSKOPF, JEFFREY A
63 SE ST. LUCIE BLVD.
STUART FL 34996

STREET ADDRESS
CITY-ST-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE **BERNARD KRAUSKOPF**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-7-02

5612193864

Date

Daytime Phone #

CR2E003 (9/01)