


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002404

1. Entity Name
KRAUSKOPF HOLDINGS, LTD.




Principal Place of Business Mailing Address
63 SE ST. LUCIE BLVD. **PO BOX 1225**
STUART FL 34996 **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



MOORE CR2E003 (11/03)

4. FEI Number Applied For
65-0722113 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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 title if applicable.

9. Capital Contributions as Shown on record. **\$898,000.00** 10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 #		STREET ADDRESS	
NAME	KRAUSKOPF, JEFFREY A	CITY-ST-ZIP	000000087289
STREET ADDRESS	63 SE ST. LUCIE BLVD.		03/15/04-80005-010 526.25
CITY-ST-ZIP	STUART FL 34996		
DOCUMENT #		STREET ADDRESS	
NAME	KRAUSKOPF, RONALD E	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 543001		
CITY-ST-ZIP	MERRITT ISLAND FL 32954-3001		
DOCUMENT #		STREET ADDRESS	
NAME	KRAUSKOPF, DANIEL E	CITY-ST-ZIP	
STREET ADDRESS	4820 NE SAVANNAH RD		
CITY-ST-ZIP	JENSEN BEACH FL 34957		
DOCUMENT #		STREET ADDRESS	
NAME	HILLS, PETER M	CITY-ST-ZIP	
STREET ADDRESS	8-P 800 NORTH FORK RD		
CITY-ST-ZIP	STUART FL 34994		
DOCUMENT #		STREET ADDRESS	
NAME	DEMEO, SUSAN H	CITY-ST-ZIP	
STREET ADDRESS	2521 SW MAYACOO WAY		
CITY-ST-ZIP	PALM CITY FL 34990		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **JEFFREY A KRAUSKOPF** **2.2.04 772219 3864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE