


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A9600002404	
1. Entity Name KRAUSKOPF HOLDINGS, LTD.	

Principal Place of Business 63 SE ST. LUCIE BLVD. STUART FL 34996	Mailing Address PO BOX 1225 STUART FL 34995
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KRAUSKOPF, JEFFREY A 63 SE ST. LUCIE BLVD. STUART FL 34996		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

4. FEI Number 65-0722113	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$898,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	KRAUSKOPF, JEFFREY A
NAME	63 SE ST. LUCIE BLVD.
STREET ADDRESS	STUART FL 34996
CITY - ST - ZIP	
DOCUMENT #	KRAUSKOPF, RONALD E
NAME	PO BOX 543001
STREET ADDRESS	MERRITT ISLAND FL 32954-3001
CITY - ST - ZIP	
DOCUMENT #	KRAUSKOPF, DANIEL E
NAME	4820 NE SAVANNAH RD
STREET ADDRESS	JENSEN BEACH FL 34957
CITY - ST - ZIP	
DOCUMENT #	HILLS, PETER M
NAME	8-P 800 NORTH FORK RD
STREET ADDRESS	STUART FL 34994
CITY - ST - ZIP	
DOCUMENT #	DEMEO, SUSAN H
NAME	2521 SW MAYACOO WAY
STREET ADDRESS	PALM CITY FL 34990
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	U00000931095
CITY - ST - ZIP	04/26/05-60001-021 526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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)(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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-5-05 772219 3864
Date Devtime Phone #

STAPLE CHECK HERE