


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # A9600002404 1. Entity Name KRAUSKOPF HOLDINGS, LTD. |  |
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|---|---|
| Principal Place of Business 63 SE ST. LUCIE BLVD. STUART FL 34996 | Mailing Address 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 |

1st MOORE CR2E003 (10/05)

| | |
|---|--|
| 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 | |

| | | | |
|---|--|--|-------------|
| 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 |

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

FILE NOW!!! Fee is \$500. ** After May 1, 2006, fee will be \$900. * Make check payable to Florida Department of State.**

**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 # | KRAUSKOPF, JEFFREY A 63 SE ST. LUCIE BLVD. STUART FL 34996 | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | 1100000418933 |
| DOCUMENT # | KRAUSKOPF, RONALD E PO BOX 543001 MERRITT ISLAND FL 32954-3001 | STREET ADDRESS | 02/14/06-30026-020 500.00 |
| NAME | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | KRAUSKOPF, DANIEL E 4820 NE SAVANNAH RD JENSEN BEACH FL 34957 | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | HILLS, PETER M 8-P 800 NORTH FORK RD STUART FL 34994 | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | DEMEO, SUSAN H 2521 SW MAYACOO WAY PALM CITY FL 34990 | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | | |

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: _____ **3-31-06 772 219 3864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #