

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A96000002404
1. Entity Name
KRAUSKOPF HOLDINGS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -2 AM 10:50



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 - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

1st MOORE CR2E003 (10/06)

4. FEI Number: 65-0722113
Applied For: 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**

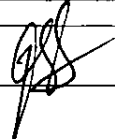
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 not file if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2007, 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 # NAME STREET ADDRESS CITY- ST- ZIP | KRAUSKOPF, JEFFREY A 63 SE ST. LUCIE BLVD. STUART FL 34996 | STREET ADDRESS CITY- ST- ZIP |  800097873608 02/09/07--01045--025 **500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP | KRAUSKOPF, RONALD E PO BOX 543001 MERRITT ISLAND FL 32954-3001 | STREET ADDRESS CITY- ST- ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP | KRAUSKOPF, DANIEL E 4820 NE SAVANNAH RD JENSEN BEACH FL 34957 | STREET ADDRESS CITY- ST- ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP | HILLS, PETER M 8-P-800 NORTH FORK RD PO Box 27 STUART FL 34994 PA Salerno FL | STREET ADDRESS CITY- ST- ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP | DEMEO, SUSAN H 2521 SW MAYACOO WAY PO Box 912 PALM CITY FL 34990 | STREET ADDRESS CITY- ST- ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP | | STREET ADDRESS 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: _____ **1-18-07 7722193864**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #