


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

**FILED
Mar 07, 2008 08:00 A
Secretary of State**

DOCUMENT # A96000002404 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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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1st MOORE CR2E003 (10/07)

4. FEI Number 65-0722113	Applied For NOT Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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: 03/25/08-80052-002 500.00

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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	STREET ADDRESS	
NAME	63 SE ST. LUCIE BLVD.	CITY-ST-ZIP	
STREET ADDRESS	STUART FL 34996		
CITY-ST-ZIP			
DOCUMENT #	KRAUSKOPF, RONALD E	STREET ADDRESS	
NAME	PO BOX 543001	CITY-ST-ZIP	
STREET ADDRESS	MERRITT ISLAND FL 32954-3001		
CITY-ST-ZIP			
DOCUMENT #	KRAUSKOPF, DANIEL E	STREET ADDRESS	
NAME	4820 NE SAVANNAH RD	CITY-ST-ZIP	
STREET ADDRESS	JENSEN BEACH FL 34957		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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 110, 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: Jeff Krauskopf 2-21-08 772 219 3864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #