

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

UJ10/87 AI

DOCUMENT # A96000002404



FILED

03 FEB 10 PM 4: 29

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1. Entity Name
KRAUSKOPF HOLDINGS, LTD.

Principal Place of Business
1555 N.E. OCEAN BLVD. #305N
STUART FL 34994

Mailing Address
PO BOX 1225
STUART FL 34995

2. Principal Place of Business
63 SE ST. LUCIE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
STUART FL

City & State

4. FEI Number 65-0722113

Applied For
Not Applicable

Zip 34996 **Country** MARTIN

Zip **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAUSKOPF, FREDERICK F
1555 N.E. OCEAN BLVD. #305N
STUART FL 34994

Name
JEFFREY A. KRAUSKOPF
Street Address (P.O. Box Number is Not Acceptable)
63 SE ST. LUCIE BLVD

City STUART **FL** **Zip Code** 34996

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 **JEFF KRAUSKOPF**

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 #
NAME KRAUSKOPF, FREDERICK F TRUSTEE
STREET ADDRESS 1555 N.E. OCEAN BLVD., #305N
CITY-ST-ZIP STUART FL 34994

STREET ADDRESS PO BOX 1225
CITY-ST-ZIP STUART, FL 34995

DOCUMENT #
NAME KRAUSKOPF, JEFFREY A
STREET ADDRESS 63 SE ST. LUCIE BLVD.
CITY-ST-ZIP STUART FL 34996

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS 300010124233
CITY-ST-ZIP 01715700 01020 011 ##526.25

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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

1-13-03

Date

7722193864

Daytime Phone #

CR2E003 (10/02)