


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001329 1. Entity Name THE KRAVEC FAMILY LIMITED PARTNERSHIP I					
Principal Place of Business 10411 LONE STAR PLACE DAVIE, FL 33328			Mailing Address 10411 LONE STAR PLACE DAVIE, FL 33328		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03232005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0916716				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 KRAVEC, SAUL 10411 LANE STAR PLACE DAVIE, FL 33328	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>	
9. Capital Contributions as Shown on record: \$4,220,000.00		10. Amount of Capital Contributions in FLORIDA to date: 3,375,000		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		
NAME	KRAVEC, SAUL TRUSTEE		CITY - ST - ZIP		
STREET ADDRESS	10411 LONE STAR PLACE		CITY - ST - ZIP		
CITY - ST - ZIP	DAVIE, FL 33328		CITY - ST - ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Saul Kravec</u> <u>Saul Kravec</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <u>Apr 28, 2005</u> Daytime Phone #: <u>305 818 863</u>		

STAPLE CHECK HERE

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