

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



**FILED  
Feb 16, 2007 8:00 A.M.  
Secretary of State**

DOCUMENT # A98000002068  
1. Entity Name  
KRUGER FAMILY LIMITED PARTNERSHIP

Principal Place of Business  Mailing Address   
10350 W BAY HAROR DR APT 9F  
BAY HARBOR ISLAND FL 33154



1st MOORE CR2E003 (10/06)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
10350 W. Bay Harbor Dr. 10350 W. Bay Harbor Dr.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Apt 9FG Apt 9FG  
City & State City & State  
Bay Harbor Island, FL Bay Harbor Island, FL  
Zip Country Zip Country  
33154 USA 33154 USA

4. FEI Number 65-0861314 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KRUGER, RUTH J  
10350 W BAY HARBOR DR APT 9F  
BAY HARBOR ISLAND FL 33154

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: *Ruth J Kruger* DATE:

**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

DOCUMENT #	NAME	STREET ADDRESS	CITY- ST- ZIP
	KRUGER, RUTH J TRUSTEE	10350 W BAY HARBOR DR APT 9F	BAY HARBOR ISLAND FL 33154
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	<i>[Signature]</i>
CITY- ST- ZIP	
STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	000099816410
CITY- ST- ZIP	02/20/07--01031--010 **500.00
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: *Ruth J Kruger* DATE: Feb. 5, 2007 305-8679477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DAYTIME PHONE #