

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

**FILED
Feb 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # A98000002068
1. Entity Name
KRUGER FAMILY LIMITED PARTNERSHIP



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



2. Principal Place of Business - No. P.O. Box #
3. Mailing Address
State, Apt. #, etc.

1st MOORE CR2E003 (10/07)

City & State
Zip Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and date of application.

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000000828601
CITY-ST-ZIP	02/26/08-80007-017 500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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* (Ruth J. Kruger) Feb. 10, 2008 305-867-9447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date District Office #

STAPLE CHECK HERE