


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002750 1. Entity Name KAROSAS LIMITED PARTNERSHIP	
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Principal Place of Business 553 HARBOR CT DELRAY BEACH, FL 33483	Mailing Address 553 HARBOR CT DELRAY BEACH, FL 33483
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03202006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0880417	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KAROSAS, RAYMOND K 553 HARBOR CT DELRAY BEACH, FL 33483

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

000000519450
05/02/06-80045-019 500.00

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	KAROSAS, RAYMOND K TRUSTEE 553 HARBOR CT DELRAY BEACH, FL 33483
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KAROSAS, LINDA L TRUSTEE 553 HARBOR CT DELRAY BEACH, FL 33483
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *R. Karosas* **R. KAROSAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/06

Date

561-272-4689

Daytime Phone #

STAPLE CHECK HERE