
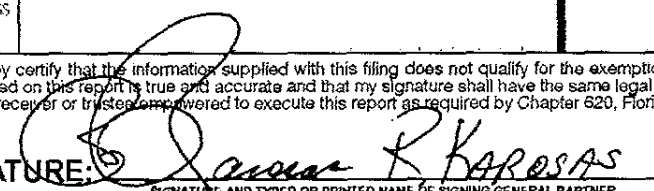


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

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

<b>DOCUMENT # A99000000728</b> 1. Entity Name KAROSAS PROSPECT PLACE LIMITED PARTNERSHIP		
Principal Place of Business 553 HARBOR CT. DELRAY BCH, FL 33483	Mailing Address 553 HARBOR CT. DELRAY BCH, FL 33483	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  KAROSAS, RAYMOND K 553 HARBOR CT. DELRAY BCH, FL 33483		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>		U000000519448 05/02/06-80045-018 500.00
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.		
<b>12. GENERAL PARTNER INFORMATION</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KAROSAS, RAYMOND K TRUSTEE 553 HARBOR CT. DELRAY BCH, FL 33483	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		4/17/06 561-272-4658 Date Daytime Phone #



03202006 No Chg-LP		CR2E003 (11/05)	
4. FEI Number 65-0919780	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

STAPLE CHECK HERE