
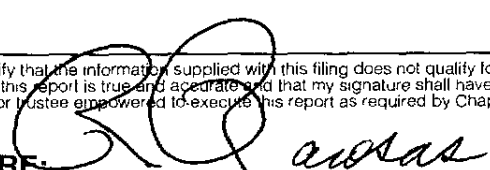


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004 .

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000729					
1. Entity Name KAROSAS IN DEPTH LIMITED PARTNERSHIP					
Principal Place of Business 553 HARBOR CT. DELRAY BEACH, FL 33483			Mailing Address 553 HARBOR CT. DELRAY BEACH, FL 33483		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01272004 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0919779				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KAROSAS, RAYMOND K 553 HARBOR CT. DELRAY BEACH, FL 33483			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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$450.00			10. Amount of Capital Contributions in FLORIDA to date		
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 # P99000041164	NAME IHAJTL, INC.		STREET ADDRESS		
STREET ADDRESS 553 HARBOR CT.			CITY - ST - ZIP		
CITY - ST - ZIP DELRAY BEACH, FL 33483					
DOCUMENT # 			STREET ADDRESS	U000000136384 04/29/04-80010-006 141.25	
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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)(i), 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: 			Raymond K. Karosas, President, GP 1/30/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE