

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:42

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 - No P.O. Box # 11 Villa Marsala Court Suite, Apt. #, etc.		3. Mailing Address 11 Villa Marsala Court Suite, Apt. #, etc.			
City & State Henderson, NV		City & State Henderson, NV		4. FEI Number 65-0919779	
Zip 89011		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAROSAS, RAYMOND K 553 HARBOR CT. DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name Karosas, Raymond K. (Same) Street Address (P.O. Box Number is Not Acceptable) c/o JayAre Systems & Management 851 SE Johnson Avenue, Suite 100 City Stuart FL 34994	
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 4/25/08 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # P99000041164 NAME IHAJTL, INC. STREET ADDRESS 553 HARBOR CT. CITY-ST-ZIP DELRAY BEACH, FL 33483			STREET ADDRESS 11 Villa Marsala Court CITY-ST-ZIP Henderson, NV 89011		
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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: 4/25/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE