



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

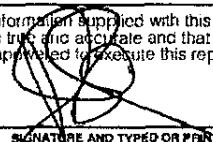
FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000001030 1. Entity Name KRUSE ENTERPRISES, LTD.					
Principal Place of Business 5439 N.W. 36TH ST. MIAMI, FL 33166		Mailing Address 5439 N.W. 36TH ST. MIAMI, FL 33166			
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		04212005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0938054	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KRUSZEWSKI, ANTHONY E C/O U.S. AIRMOTIVE 5439 N.W. 36TH ST. MIAMI SPRINGS, FL 33166				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$646,074.00		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 #	P99000057792		STREET ADDRESS		
NAME	ANTRO, INC.		CITY-ST-ZIP		
STREET ADDRESS	5439 N.W. 36TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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 05/06/05-80011-005 526.25

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 820, Florida Statutes.

SIGNATURE:  **JOHN KRUSZEWSKI** 04/26/05 305-885-4991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER