


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 06, 2007 08:00 A.**  
**Secretary of State**

<b>DOCUMENT # A99000001030</b> 1. Entity Name <b>KRUSE ENTERPRISES, LTD.</b>	
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Principal Place of Business <b>5439 N.W. 36TH ST. MIAMI, FL 33166</b>	Mailing Address <b>5439 N.W. 36TH ST. MIAMI, FL 33166</b>
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**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>65-0938054</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>KRUSZEWSKI, ANTHONY E C/O U.S. AIRMOTIVE 5439 N.W. 36TH ST. MIAMI SPRINGS, FL 33166</b>
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**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, 2007, Fee will be \$900.00**

U000000694555  
04/17/07-80024-001 508.75

**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 #	P99000057792
NAME	ANTRO, INC.
STREET ADDRESS	5439 N.W. 36TH STREET
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:**

*Anthony E. Kruszewski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4-4-07*  
Date

*305 138-4511*  
Daytime Phone #