


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2007**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000002027</b> 1. Entity Name <b>KLOSNER CAPITAL GROUP, LTD.</b>	
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Principal Place of Business <b>C/O SARASOTA INVESTMENT COMPANY, INC. 4023 SAWYER ROAD SARASOTA FL 34233</b>	Mailing Address <b>C/O SARASOTA INVESTMENT COMPANY, INC. 4023 SAWYER ROAD SARASOTA FL 34233</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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1st MOORE CR2E003 (10/06)

4. FEI Number <b>65-0983505</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>J. RUSSELL KLOSNER 4023 SAWYER ROAD SARASOTA FL 34233</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ **UN00000719735**  
Signature, typed or printed name of registered agent and title if applicable **05/01/07-80077-003 500.00**

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>KLOSNER, J. RUSSELL 4023 SAWYER ROAD SARASOTA FL 34233</b>	STREET ADDRESS CITY - ST - ZIP	
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4-16-07**

STAPLE CHECK HERE