

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A99000002027**

1. Entity Name  
**KLOSNER CAPITAL GROUP, LTD.**



Principal Place of Business

**C/O SARASOTA INVESTMENT COMPANY, INC.  
4023 SAWYER ROAD  
SARASOTA, FL 34233**

Mailing Address

**C/O SARASOTA INVESTMENT COMPANY, INC.  
4023 SAWYER ROAD  
SARASOTA, FL 34233**



01162008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**65-0983505**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**J. RUSSELL KLOSNER  
4023 SAWYER ROAD  
SARASOTA, FL 34233**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**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

DOCUMENT #

NAME **KLOSNER, J. RUSSELL**

STREET ADDRESS **4023 SAWYER ROAD**

CITY-ST-ZIP **SARASOTA, FL 34233**

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STREET ADDRESS

CITY-ST-ZIP

U00000736182  
01/29/08-80022-020 500.00

**DO NOT WRITE  
IN THIS SPACE**

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

**1-21-2008**

Date

Daytime Phone #

STAPLE CHECK HERE