

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006


FILED

06 MAY -1 PM 2:35

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # B05000000348

1. Entity Name
KROGER LIMITED PARTNERSHIP I



Principal Place of Business
**1014 VINE ST
CINCINNATI, OH 45202**

Mailing Address
**1014 VINE ST
CINCINNATI, OH 45202**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04272006 Chg-LP CR2E003 (11/05)

City & State

4. FEI Number Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2006, 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 # **F05000004681**
NAME **KRGP INC.**
STREET ADDRESS **1014 VINE ST**
CITY-ST-ZIP **CINCINNATI, OH 45202**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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.

STAPLE CHECK HERE

SIGNATURE: Beth Van Opfen Beth Van Opfen / Asst. Trans. 4/22/06 513-762-4426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date DYS000-1 Form 8 -4461