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

FILED Jan 29, 2007 08:00 AM Secretary of State DOCUMENT # B06000000069 KRAÚS FAMILY LIMITED PARTNERSHIP (2005) Principal Place of Business Mailing Address **263 ANITA COURT** 263 ANITA COURT WATERLOO, ONTARIO, CANADA, N2K -2R4 WATERLOO, ONTARIO, CANADA, N2K -2R4 01162007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 98-0502233 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOSSO, BOSSO & PARDO, P.A. DO NOT WRITE 2428 BROADWAY RIVIERA BEACH, FL 33404 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, typed or printed name of registered agent and little if applicable DATE FILE NOWIII FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # ·· 1,000000606599 KRAUS, RUTH NAME 01/31/07-80003-022 500.00 STREET ADDRESS 263 ANITA COURT CITY-ST-ZIP WATERLOO, ONTARIO, CANADA, N2K 2R4 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CiTY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT

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 eath; 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:

NAME . STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER