

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

14125

FILED

2005 MAY -2 P 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02012005 Chg-LP CR2E003 (10/03)

DOCUMENT # A00000001368

1. Entity Name
TRENDS B.G.P., LTD.



Principal Place of Business
**11000 NW 92 TERR
MIAMI, FL 33178**

Mailing Address
**11000 NW 92 TERR
MIAMI, FL 33178**

2. Principal Place of Business
6340 SUNSET DR.

3. Mailing Address
6340 SUNSET DR.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33143

Country
USA

4. FEI Number
65-1053202

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SILVER, GARVETT & HENKEL, P.A.
1110 BRICKELL AVE., PH-1
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Fieldstone, Ronald R

Street Address (P.O. Box Number is Not Acceptable)
201 ALHAMBRA Circle #610

City
COFAL GABLES

FL Zip Code
33134

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.

9. Capital Contributions as Shown on record. **\$7,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # | P00000084120 |
| NAME | GRAN TRENDS, INC. |
| STREET ADDRESS | 9800 N.W. 78TH AVENUE |
| CITY-ST-ZIP | HIALEAH GARDENS, FL 33016 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDRESS CHANGES ONLY

| | |
|----------------|--------------------------------------|
| STREET ADDRESS | 6340 SUNSET DR. |
| CITY-ST-ZIP | MIAMI FL 33143 |
| STREET ADDRESS | 600055194956 |
| CITY-ST-ZIP | 05/24/05--01062--019 **141.24 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **06/28/05** Daytime Phone # **701 357-1001**

STAPLE CHECK HERE