2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001097

1. Entity Name
INSOFT/BALD ROCK LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
6223 VISTA VERDE WEST GULFPORT FL 33707	6223 VISTA VERDE WEST GULFPORT FL 33707

MOORE CR2E003 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite Apt # etc	Suite Apt # etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3737763 ☐ Applied For ☐ Not Applicable

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
PERSONAL ENVIRONMENTS BY SHIRLEY, INC. 6223 VISTA VERDE WEST GULFPORT FL 33707	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

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$250,913.00	250,913.00	

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 #	P95000010327	STREET ADDRESS	
NAME	PERSONAL ENVIRONMENTS BY SHIRLEY, INC.	CITY-ST-ZIP	
STREET ADDRESS	6223 VISTA VERDE WEST		
CITY-ST-ZIP	GULFPORT FL 33707		
DOCUMENT #		STREET ADDRESS	U00000159623 05/10/04-80039-004 535.00
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY ST ZIP			

STAPLE CHECK HERE

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: X _____ X 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #