2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 01, 2005 08:00 A
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

02102005 Chg-LP CR2E003 (10/03)

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

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

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record $250,913.00

10. Amount of Capital Contributions in FLORIDA to date. 250,913.

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.		
STREET ADDRESS	6223 VISTA VERDE WEST	CITY-ST-ZIP	
CITY-ST-ZIP	GULFPORT, FL 33707		
DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	000000247630 03/01/05-80031-011 535.00
DOCUMENT # / NAME		STREET ADDRESS	
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DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		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 Shirley Insoft X 2/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

SHIRLEY INSOFT