


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # A0200000708

1. Entity Name
FREUND FAMILY PARTNERSHIP, LTD.



Principal Place of Business: 695 BUTTONWOOD LN. BAY POINT, FL 33137

Mailing Address: 695 BUTTONWOOD LN. BAY POINT, FL 33137



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

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

City & State

Zip: Country

04182005 Chg-LP CR2E003 (10/03)

4. FEI Number: 59-1792217

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

M & W AGNETS, INC.
2101 CORPORATE BLVD., STE. 107
BOCA RATON, FL 33431

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: _____ DATE: _____

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

9. Capital Contributions as Shown on record: \$10,000,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	FREUND HOLDINGS LLC	STREET ADDRESS	
NAME	695 BUTTONWOOD LN.	CITY - ST - ZIP	
STREET ADDRESS	BAY POINT, FL 33137		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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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)(f), 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:  DATE: 4/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4/10/05 Daytime Phone #: _____