

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001199

1. Entity Name
BANYAN INVESTMENT GROUP, LTD



Principal Place of Business
**422 CLEVELAND AVE.
HARRISON, NJ 07029**

Mailing Address
**427 JERSEY ST
HARRISON, NJ 07029**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302005

Chg-LP

CR2E003 (10/03)

4. FEI Number

45-0486435

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

**WELLS, DAVID E
C/O HUNTON & WILLIAMS
1111 BRICKELL AVENUE STE. 2500
MIAMI, FL 33131**

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. **\$75,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **0**

\$141.25

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 #	L02000021793	STREET ADDRESS	
NAME	BANYAN GROUP GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	422 CLEVELAND AVENUE		
CITY-ST-ZIP	HARRISON, NJ 07029		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

000000313867
04/18/05-80144-006 141.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/30/05