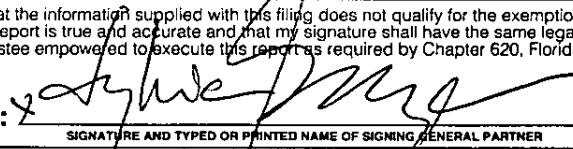


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

05 APR 19 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000014			
1. Entity Name BARZA ASSOCIATES, LTD.			
Principal Place of Business 5610 PGA BLVD., SUITE 214 PALM BEACH GARDENS, FL 33418		Mailing Address 5610 PGA BLVD., SUITE 214 PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01132005 Chg-LP CR2E003 (10/03)	
4. FEI Number 51-0442340		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARZA, DORU D 5610 PGA BLVD., SUITE 214 PALM BEACH GARDENS, FL 33418		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. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 151,196	
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 #	NAME	STREET ADDRESS	
NAME	BARZA, DORU D	CITY-ST-ZIP	
STREET ADDRESS	5610 PGA BLVD., SUITE 214		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BARZA, SYLVIA K	CITY-ST-ZIP	
STREET ADDRESS	5610 PGA BLVD., SUITE 214		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		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: 		Date: 4/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE