2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # A03000000014

1. Entity Name
BARZA ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
5610 PGA BLVD., SUITE 214 PALM BEACH GARDENS, FL 33418	5610 PGA BLVD., SUITE 214 PALM BEACH GARDENS, FL 33418

01072008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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	7. Name and Address of New Registered Agent
BARZA, DORU D 5610 PGA BLVD., SUITE 214 PALM BEACH GARDENS, FL 33418	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

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $900.00

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 #		STREET ADDRESS	
NAME	BARZA, DORU D		
STREET ADDRESS	5610 PGA BLVD., SUITE 214	CITY-ST-ZIP	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
DOCUMENT #		STREET ADDRESS	
NAME	BARZA, SYLVIA K		
STREET ADDRESS	5610 PGA BLVD., SUITE 214	CITY-ST-ZIP	U00000785092 01/16/08 90082 003 500.00
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Barza X 01/11/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #