

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 28 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000000058

1. Entity Name
BONE MARROW/STEM CELL TRANSPLANT INSTITUTE,
LTD.



Principal Place of Business
3820 STATE STREET
SANTA BARBARA, CA 93105

Mailing Address
C/O MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA, CA 93105



2. Principal Place of Business
13737 Noel Road

3. Mailing Address
13737 Noel Road

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

01052005 Chg-LP CR2E003 (10/03)

City & State
Dallas, TX

City & State
Dallas, TX

4. FEI Number
65-0638328

Applied For
Not Applicable

Zip
75240

Country
USA

Zip
75240

Country
USA

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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. \$49,000.00

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

DOCUMENT # P94000056244
NAME BONE MARROW/STEM CELL TR. INST. OF FL.,INC
STREET ADDRESS 3820 STATE STREET
CITY-ST-ZIP SANTA BARBARA, CA 93105

13. ADDRESS CHANGES ONLY

STREET ADDRESS 13737 Noel Road
CITY-ST-ZIP Dallas, TX 75240

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 700055185537
CITY-ST-ZIP 05/24/05--01032--022 **150.00

DOCUMENT #
NAME
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DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS 700055185537
CITY-ST-ZIP 05/24/05--01032--022 **281.75

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

Kristina A. Mack

Kristina A. Mack, Asst. Secretary

3/10/05

805-563-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE