

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001333					
1. Entity Name BAUMGARD FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 7290 S.W. 113TH STREET MIAMI, FL 33156			Mailing Address 7290 S.W. 113TH STREET MIAMI, FL 33156		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0688799	
				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	
PERLIN, BRIAN C 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134				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. \$1,005,305.00			10. Amount of Capital Contributions in FLORIDA to date.		
11. 437.50 88.75 526.25					
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 #	P96000025068			STREET ADDRESS	
NAME	HERBSEL CORPORATION			CITY-ST-ZIP	
STREET ADDRESS	7290 S.W. 113TH STREET				
CITY-ST-ZIP	MIAMI, FL 33156				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	100000159169
STREET ADDRESS					05/10/04-20019-001 526.25
CITY-ST-ZIP					
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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: *HERBSEL CORPORATION, HERBERT M. BAUMGARD, Trustee*
For The Herbse Corporation, Herbert M. Baumgard, General
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **4/28/04** Daytime Phone **305-235-5306**

STAPLE CHECK HERE