


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000001500**

1. Entity Name  
**BERGER/REIBACK VENTURES LIMITED PARTNERSHIP**




Principal Place of Business      Mailing Address  
**3 GROVE ISLE DRIVE, APT. 801**      **3 GROVE ISLE DRIVE, APT. 801**  
**MIAMI, FL 33133**      **MIAMI, FL 33133**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



02252004      Chg-LP      CR2E003 (10/03)

4. FEI Number      Applied For  
**06-1660696**      Not Applicable

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

6. Name and Address of Current Registered Agent

**BERGER, ADOLPH J**  
**3 GROVE ISLE DRIVE, APT. 801**  
**MIAMI, FL 33133**

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 \_\_\_\_\_

9. Capital Contributions as Shown on records: **\$98.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P02000120088 BERGER/REIBACK VENTURES, INC. ✓ 3 GROVE ISLE DRIVE, APT. 801 MIAMI, FL 33133	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	000000000000 03/17/04-80001-011 141.25
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

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 520, Florida Statutes.

SIGNATURE: *BY [Signature] PRESIDENT*      3/3/04 (305) 854-8822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Cayman Florida #

STAPLE CHECK HERE

Berger/Reiback Ventures, Inc. GP