2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

May 05, 2005 08:00 AM Secretary of State **DOCUMENT # A0000001094** THE BARIS FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 16888 RIVER BIRCH CIRCLE 16888 RIVER BIRCH CIRCLE DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 2. Principal Place of Business 3. Mailing Address Suite, Apt. \$, etc. Suite, Apt. #, etc. 01112005 CR2E003 (10/03) Cho-LP City & State City & State 4. FEI Number Applied For 65-1023027 Not Applicable Country \$8.75 Additional Zip Country Zin 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLODIG, GREGORY J Street Address (P.O. Box Number is Not Acceptable) 100 W. CYPRESS CREEK RD., SUITE 700 FT. LAUDERDALE, FL 33309 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, typed or privited name of registered agent and title if applicable. DATE Amount of Capital Constitution in FLORIDA to date. \$\frac{4}{1} \, 2 \, 5 9. Capital Contributions 10. Amount of Capital Contributions \$1,960,000.00 as Shown on record. 0 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12, DOCUMENT # U00000361327 STREET ADDRESS NAME BARIS, SELMA STREET ADDRESS 16888 RIVER BIRCH CIRCLE CTTY-ST-ZIP CITY-ST-ZIE DELRAY BEACH, FL 33445 DOCUMENT# STREET AUDRESS REARC STREET ADDRESS CITY-ST-ZP CFTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME. STREET ADDRESS CTY-SE-78 CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-SI-ZP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STAPLE CHECK MAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-57-ZP 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

FILED