

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 27 AM 10:44

<b>DOCUMENT # A96000001333</b> 1. Entity Name <b>BAUMGARD FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business 7290 S.W. 113TH STREET MIAMI, FL 33156	Mailing Address 7290 S.W. 113TH STREET MIAMI, FL 33156
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2. Principal Place of Business <b>12810 SW 70 Avenue</b>	3. Mailing Address <b>12810 SW 70 Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33156</b>	Country <b>USA</b>

*[Handwritten signature]*



03072006 Chg-LP CR2E003 (11/05)

4. FEI Number <b>65-0688799</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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
	State <b>FL</b> 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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000025068 HERBSEL CORPORATION 7290 S.W. 113TH STREET MIAMI, FL 33156	STREET ADDRESS CITY-ST-ZIP	12810 SW 70 Avenue Miami, FL 33156
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: *[Signature]* **Jonathan Baumgard** 3/12/06 305 2338053  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #