

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAY 19 AM 10:19

DOCUMENT # <b>A98000002316</b> 1. Entity Name <b>BARSA GROUP, LTD.</b>			
Principal Place of Business <b>9553 Harding Ave #308</b> <b>Surfside, Fl. 33154</b>		Mailing Address <b>P.O. Box 545867</b> <b>Surfside, Fl. 33154</b>	
2. Principal Place of Business <b>260 Crandon Blvd</b> Suite, Apt. #, etc. <b>8</b>		3. Mailing Address <b>PO Box 1373</b> Suite, Apt. #, etc.	
City & State <b>Key Biscayne, Fl.</b> Zip <b>33149</b> Country		City & State <b>Key Biscayne, Fl.</b> Zip <b>33149</b> Country	
4. FEI Number <b>65-0869567</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BAUMBERGER, HANS</b> <b>9553 Harding Ave. #308</b> <b>Surfside, Fl. 33154</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>260 Crandon Blvd #8</b> City <b>Key Biscayne</b> FL Zip Code <b>33149</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>			
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	<b>L 06000023984</b> <b>Zur, LLC</b> <b>9553 Harding Ave #308</b> <b>Surfside, Fl. 33154</b>	STREET ADDRESS CITY-ST-ZIP	<b>260 Crandon Blvd #8</b> <b>Key Biscayne, Fl. 33149</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>100076018171</b> <b>06/08/06--01039--019 **500.00</b>
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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: <b>Hans Baumberger</b> <b>4/28/06</b> <b>3058678970</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>			

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