

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001094 1. Entity Name THE BARIS FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 16888 RIVER BIRCH CIRCLE DELRAY BEACH, FL 33445			Mailing Address 16888 RIVER BIRCH CIRCLE DELRAY BEACH, FL 33445		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			01112005 Chg-LP CR2E003 (10/03)		
			4. FEI Number 65-1023027		Applied For ☐ Not Applicable
			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BLODIG, GREGORY J 100 W. CYPRESS CREEK RD., SUITE 700 FT. LAUDERDALE, FL 33309				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 _____ Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$1,960,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,250,000.00			
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	U00000361327 05/05/05-80068-023 526.25	
STREET ADDRESS	16888 RIVER BIRCH CIRCLE		CITY-ST-ZIP		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		STREET ADDRESS		
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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 620, Florida Statutes					
SIGNATURE: <i>Selma Baris</i> <i>General Partner</i>			<i>April 18, 2005</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

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