

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 FEB 25 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01212004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3614325

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARD, EDWIN J
8568 SAN JOSE BLVD.
JACKSONVILLE, FL 32217

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. **\$1,000.00**

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	L00000015200 BARD MANAGEMENT, L.L.C. 8568 SAN JOSE BLVD. JACKSONVILLE, FL 32217	STREET ADDRESS CITY - ST - ZIP	700027913517 01/30/04--01011--005 **52.50
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	700027913517 02/25/04--01072--005 **88.75
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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)(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

SIGNATURE: Edwin J. Bard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-27-04 (904) 733-6530
Date Daytime Phone #

STAPLE CHECK HERE