


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 MAY 14 PM 12:17

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A0100000033</b> 1. Entity Name <b>BAILACH FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>2665 S. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133</b>	Mailing Address <b>2665 S. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>65-1067435</b>	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

04052004 Chg-LP CR2E003 (10/03)

<b>6. Name and Address of Current Registered Agent</b>  <b>WORLD CORPORATE SERVICES, IN.C 2665 SOUTH BAYSHORE DRIVE WESTON, FL 33326</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float:right">FL</span> Zip Code
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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: <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	
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**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 #	P01000002547	STREET ADDRESS	
NAME	NEWGONE, INC.	CITY-ST-ZIP	
STREET ADDRESS	2665 S. BAYSHORE DRIVE		
CITY-ST-ZIP	MIAMI, FL 33133		
DOCUMENT #		STREET ADDRESS	<b>800036268118</b>
NAME		CITY-ST-ZIP	<b>05/13/04--01057--004 **541.25</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:** Humberto F. Bailach  4/6/04 (305) 858-9900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #