


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 10: 00

DOCUMENT # A01000000033					
1. Entity Name BAILACH FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 2665 S. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133			Mailing Address 2665 S. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1067435	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE WESTON, FL 33326				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	P01000002547		STREET ADDRESS		
NAME	NEWGONE, INC.		CITY-ST-ZIP		
STREET ADDRESS	2665 S. BAYSHORE DRIVE				
CITY-ST-ZIP	MIAMI, FL 33133				
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CITY-ST-ZIP					
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: <u>Timothy D. Richards</u> 4/25/06 (305) 858-9900					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date Daytime Phone #					

STAPLE CHECK HERE

[Handwritten signature]



04252006 Chg-LP CR2E003 (11/05)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
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SIGNATURE: Timothy D. Richards 4/25/06 (305) 858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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