2005 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Due By May 1, 2005 May 11, 2005 08:00 AV **DOCUMENT # A01000000224 Secretary of State** BERNIE ASSOCIATES, LTD. Principal Place of Business Mailing Address 2872 N.W. 28TH STREET 2872 N.W. 28TH STREET BOCA RATON, FL 33434 BOCA RATON, FL 33434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Act. #, etc. 04252005 Chg-LP CR2E003 (10/03) City & State City & State 4. FE! Number Applied For 65-1081996 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired. П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAN FILIPPO, MARSHA Street Address (P.O. Box Number is Not Acceptable) 2872 N.W. 28TH STREET BOCA RATON, FL 33434 City Zip Code 3. 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. (arm familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$990.00 as Shown on record. 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 ADDRESS CHANGES ONLY DOCUMENT # P01000016328 STREET ADDRESS BERNIE ASSOCIATES, INC. NAME STREET ADDRESS 2872 N.W. 28TH STREET CITY-ST-ZIP 05/ĬĬ/ŎŠ-8ŎŎi3-017 150.00 CITY-ST-ZIP BOCA RATON, FL 33434 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT #

14. I hereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3(ii), 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP **BOCUMENT #** 

CITY - ST - ZIP

MARSHA SAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER