

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 MAR 13 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001579

1. Entity Name
THE BARD #1 FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**8568 SAN JOSE BLVD.
JACKSONVILLE, FL 32217**

Mailing Address
**8568 SAN JOSE BLVD.
JACKSONVILLE, FL 32217**



02052008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3614324

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

DOCUMENT # **L00000015200**
NAME **BARD MANAGEMENT, L.L.C.**
STREET ADDRESS **8568 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

DOCUMENT # **EDWIN J. BARD**
NAME **8568 SAN JOSE BLVD**
STREET ADDRESS **JACKSONVILLE, FL 32217**
CITY-ST-ZIP **32217**

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700120297847
03/13/08--01001--022 **500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE