


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

<b>DOCUMENT # A01000001580</b> 1. Entity Name <b>THE BARD #3 FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>8568 SAN JOSE BLVD. JACKSONVILLE, FL 32217</b>			Mailing Address <b>8568 SAN JOSE BLVD. JACKSONVILLE, FL 32217</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>BARD, EDWIN J 8568 SAN JOSE BLVD. JACKSONVILLE, FL 32217</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 to the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$1,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L00000015200		STREET ADDRESS		
NAME	BARD MANAGEMENT, L.L.C.		CITY - ST - ZIP		
STREET ADDRESS	8568 SAN JOSE BLVD.		CITY - ST - ZIP		
CITY - ST - ZIP	JACKSONVILLE, FL 32217		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
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STREET ADDRESS			CITY - ST - ZIP		
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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					
<b>SIGNATURE:</b> <i>Edwin J Bard</i> <b>EDWIN J BARD</b>			Date <b>3-3-05</b>		

**FILED**

2005 MAR -7 P 1:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01122005 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3614326** Applied For ☐ Not Applicable

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

FL Zip Code 32217  
 03/10/05-01007-010 \*\*141.25

STAPLE CHECK HERE