2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A02000000463

SIGNATURE: .

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

BARDELS PROPERTIES, LLLP						05 MAY 1	9 AM	9: 02
Principal Place of Business 3930 INVERRARY BLVD., SUITE 201 LAUDERHILL, FL 33319		Mailing Address 3930 INVERRARY BLVD., SUITE 201 LAUDERHILL, FL 33319			KO ITOK ODNIK DOSIL ZDVI	BEIII BDIII EBIXI	OFFICE RANGE CONTRACTOR AT A SEE	
2. Principal P	lace of Business	3. Mailing Address 1101 PERIMETER DR						
Suite, Apt. #, etc.		Suite, Apt. #, etc. 7 6 0			05182005	Chg-LP	CR2E00	3 (10/03)
City & State		City & State SCHAUMBURG, IL			4. FEI Number 03-04175	i93		Applied For Not Applicable
Zip	Country	Zip 60173	Cour		5. Certificate of			8.75 Additional
	6. Name and Address of Current I	1		T	7. Name and Ad	dress of New Re		
WEINOUNE DED CIDNEY				Name				
3930 INVE	NEIDER, SIDNEY RRARY BLVD., SUITE 201 ILL. FL 33319	Stree		Street Address	et 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								
9. Capital Contributions as Shown on record. \$100.00 in FLORIDA to date					In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
	A GENERAL PARTNER T NOTE: General Partners MA							
12. GENERAL PARTNER INFORMATION						ADDRESS CHA	NGES ONL	ſ
DOCUMENT # NAME	L02000006321 BARDELS INVESTMENTS, LLC			EET ADDRESS				
STREET ADDRESS CATY-ST-ZIP	DORESS 3930 INVERRARY BLVD., SUITE 201			r-SI-ZIP			•	
DOCUMENT #		-	STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			СПУ	7-ST-7(P				
DOCUMENT # NAME			STR	EET ADDRESS			•	
STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP	50 06/15/	/0501042	2132 2005	265 **150.00
DOCUMENT # NAME			\$TR.	EET ADDRESS				
STREET AOORESS CITY-ST-ZIP			CITY	/- ST-ZIP				
DOCUMENT # NAME			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP				
DOCUMENT # NAME			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	r-ST-ZIP				
indicated	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute this	that my signature shall	I have the sam	e local effect as if r	ection 119.07(3)(i), made under oath; th	Florida Statutes. I nat I am a General	further certi Partner of t	y that the information he limited partnership or