

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000463</b>	
1. Entity Name <b>BARDELS PROPERTIES, LLLP</b>	
Principal Place of Business <b>3930 INVERRARY BLVD., SUITE 201 LAUDERHILL, FL 33319</b>	Mailing Address <b>1101 PERIMETER DR SUITE 760 SCHAUMBURG, IL 60173</b>



01092008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>03-0417593</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WEINSCHNEIDER, SIDNEY  
3930 INVERRARY BLVD., SUITE 201  
LAUDERHILL, FL 33319**

**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 #	<b>L02000006321</b>
NAME	<b>BARDELS INVESTMENTS, LLC</b>
STREET ADDRESS	<b>3930 INVERRARY BLVD., SUITE 201</b>
CITY-ST-ZIP	<b>LAUDERHILL, FL 33319</b>

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02/04/08-80007-022 500.00

**DO NOT WRITE  
IN THIS SPACE**

**PLEASE SIGN  
& DATE**

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 #