


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A0200000708

1. Entity Name
FREUND FAMILY PARTNERSHIP, LTD.



Principal Place of Business Mailing Address
695 BUTTONWOOD LN. 695 BUTTONWOOD LN.
BAY POINT, FL 33137 BAY POINT, FL 33137

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04182005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent

M & W AGNETS, INC.
2101 CORPORATE BLVD., STE. 107
BOCA RATON, FL 33431

4. FEI Number Applied For
59-1792217 Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

9. Capital Contributions as Shown on record. \$10,000,000.00 10. Amount of Capital Contributions 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	FREUND HOLDINGS LLC	STREET ADDRESS	
NAME	695 BUTTONWOOD LN.	CITY - ST - ZIP	
STREET ADDRESS	BAY POINT, FL 33137		
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)(f), 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:  Date Daytime Phone #

4/10/05