


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A02000001131</b> 1. Entity Name <b>BARKLEY, LTD.</b>	
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Principal Place of Business <b>300 S.E. 2ND STREET FORT LAUDERDALE FL 33301</b>	Mailing Address <b>300 S.E. 2ND STREET FORT LAUDERDALE FL 33301</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>6. Name and Address of Current Registered Agent</b>  <b>JONES, PATRICA 300 S.E. 2ND STREET FORT LAUDERDALE FL 33301</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions Shown on record. <b>\$5,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$11,918,801.00</b>	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.</b>
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P02000089357 BARKLEY, INC. 300 S.E. 2ND STREET FORT LAUDERDALE FL 33301</b>	STREET ADDRESS CITY-ST-ZIP	<b>500036272595 05/13/04--01042--025 **526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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

**SIGNATURE:**  **Rocco Ferrera** **4-22-04** **954-627-9350**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**FILED**

**04 MAY 13 AM 11:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**MOORE CR2E003 (11/03)**

4. FEI Number <b>52-2376011</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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STAPLE CHECK HERE