




2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -6 AM 8:54

DOCUMENT # A03000000194 1. Entity Name HJ GARBER FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 5210 LINTON BLVD STE. 306 DELRAY BEACH, FL 33484			Mailing Address 5210 LINTON BLVD STE. 306 DELRAY BEACH, FL 33484		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01132005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 11-3683058	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARBER, HARVEY J 5210 LINTON BLVD STE. 306 DELRAY BEACH, FL 33484				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$28,000.00			10. Amount of Capital Contributions in FLORIDA to date. \$28,000.00		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # L03000001188 NAME GARBER, LLC STREET ADDRESS 5210 LINTON BLVD STE. 306 CITY-ST-ZIP DELRAY BEACH, FL 33484			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: 				Date: 7/27/05 Daytime Phone #	

STAPLE CHECK HERE