## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

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DOCUMENT # A0300001627  1. Entity Name								DIV	ECRETAR ISION OF	ILED LY OF S	STATE
HALBY LIMITED PARTNERSHIP									5 FEB 22		
Principal Place of Business Mailing Address							1			MII 3	). NQ
3331 SW 58TH ST FT LAUDERDALE FL 33312				3331 SW 58TH ST FT LAUDERDALE FL 33312					. •		
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2. Principal Place of Business				3. Mailing Address			W				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			'	1ST MOO	RE C	R2E003	(10/04)
City & State				City & State			4. FEI Number 20-0432890 Applied For Not Applicable				
Zip	Country			Zip Count		try	5. Certificate of Status Desired See Required Fee Required				ee Required
6. Name and Address of Current Registered Agent Name							7. Name and Address of New Registered Agent				
CORPORATION SERVICE/COMPANY						Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE/FL 32301-2525						3331 SW 585T					
· •						City Fr. Landerdale, FL Zip Cod					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. Tam familiar with, and accept the obligations of registered agent.											
SIGNATURE	DATE			PRODUCTOR SERVICE OF THE SERVICE	机设性分离对抗过少数	oy May 1 ; 2005 . Ictions for fee info.					
9. Capital Contributions as Shown on record. \$1,000.00 In FLORIDA to date.									5	∠6 2	35 - 100 Constitution (100 Con
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.											
DOCUMENT #		13.			AD	DRESS CHAIN	GES ONL				
NAME	HALBERSTAM, DONNA				STRE	EET ADDRESS					
STREET ADDRESS	3331 SW 5			CITY-ST-ZIP							
DOCUMENT#   FT LAUDERDALE FL 33312											
NAME	HALBERSTAM, DAVID				EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	I	58TH ST RDALE FL 33312	<u> </u>		-ST-ZIP						
DOCUMENT # NAME					STRE	EET ADDRESS		يسين يسمن يسم			
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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:    SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Desturing Phone #											