


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT


**Due By May 1, 2005**

DOCUMENT # A04000001413		
1. Entity Name THE GOTTENGER BABILONIA FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 3835 TORRES CIR. WEST PALM BEACH, FL 33409-8119	Mailing Address 3835 TORRES CIR. WEST PALM BEACH, FL 33409-8119
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
2005 APR -6 PM 4:39  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



03172005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-2522264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GOTTENGER BERCOVIC, EMANUEL E 3835 TORRES CIR. WEST PALM BEACH, FL 33409-8119	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 as Shown on record. \$47,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	GOTTENGER BERCOVIC, EMANUEL E	STREET ADDRESS	
NAME	3835 TORRES CIR.	CITY-ST-ZIP	
STREET ADDRESS	WEST PALM BEACH, FL 334098119		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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:**  **3/19/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE