

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY 12 PM 4:52

DOCUMENT # A06000001162

1. Entity Name  
 DJS BAUMGARD, LTD.



Principal Place of Business  
 1575 SAN IGNACIO AVENUE, SUITE 100  
 CORAL GABLES, FL 33146

Mailing Address  
 1575 SAN IGNACIO AVENUE, SUITE 100  
 CORAL GABLES, FL 33146

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182008

Chg-LP

CR2E003 (12/06)

4. FEI Number  
 APPLIED FOR

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERLIN, BRIAN C  
 201 ALHAMBRA CIRCLE #503  
 CORAL GABLES, FL 33134

*Daniel Baumgard*  
*c/o IMA*  
*1575 San Ignacio #100*  
*Coral Gables, FL 33146*

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

FLORIDA DEPT OF STATE

FILE NOW!!! FEE IS \$500.00

After May 1, 2008, Fee will be \$900.00

100129012441

05/12/08--01006--008 \*\*500.00

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 #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 BAUMGARD, DANIEL LOUIS  
 1575 SAN IGNACIO AVENUE, SUITE 100  
 CORAL GABLES, FL 33146

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE