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DOCUMENT # A20653					FILED		
BARNACLE BAY PARTNERS LIMITED							
Dru (I tric	ALC OAT TAIRMENO	, CHAILED				UT APR 30 PM C	٠
Principal Place of Punisage					O1 APR 30 PM 6:50  SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address				1.0		TALLAHASSEE STAT	TE.
4412 DELWOOD LANE PANAMA CITY BEACH FL 32408  PANAMA CITY BEACH FL 32408  PANAMA CITY BEACH FL 32408				22408		A SSEE, FLORI	DA
THE WAR	DENOM IS SENO		TOWNING OFF DESCRIPTE	22-100			
Principal Place of Business     A. Mailing Address						-	4{6   6 6   4{6   6 6   6 6   6 6
204 A Ellen Lane 204 A Elle,				·-···			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN TH		HIS SPACE
City & Sta	te		City & State			4. FEI Number	Applied For
	na City Be	ach F1	Paname Cit.	Beach, P	1	59-2657198	Not Applicable
Zip	Count	ry		Country	-	5. Certificate of Status Desired	\$8.75 Additional
<u> </u>	6. Name and Add	trans of Current I	32408-5830		_		Fee Required
	o. Name and Add	ness of Current P	Negistered Agent	Name		7. Name and Address of New Registers	ed Agent
WAKSTEIN, GARY							
4412 DELWOOD LANE				Street A	Street Address (P.O. Box Number is Not Acceptable)		
PANAMA CITY BEACH FL 32408					<del>*</del> -		
				City			■ Zin Code
				Pan	ama	City Beach	Zip Code 32408
8. The above	named entity submits	this statement for	the purpose of changing its re	egistered office or	r register	ed agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed na	rne of registered agent a	nd title if applicable. (NOT :	Registered Agent signate	ure required	when reinstating) DATE	E
9. Capital Contributions as Shown on record  10. Amount of Capital Cap					_	11. MAKE CHECK PAYAE	2.1
as Shown			in FLORIDA to a at		PEGIST	SEE REVERSE SIDE	FOR FEE INFORMATION
						t must be filed to change a general p	
12.	GE	NERAL PARTNER	INFORMATION	13.	,	ADDRESS CHANGES C	DNLY
DOCUMENT /				STREET ADDRESS	2	au Arlla I	
Name Street address	WAKSTEIN, GARY 14412 DELWOOD LANE			<b>!</b>	$-\infty$	04 A Ellen Lane	
CITY-ST-ZIP	PANAMA CITY BEA			CITY-ST-ZIP	Pa	nama City Beach,	FI 32408
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NAME				J. C. A. S. C. C.			
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP			
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NAME STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP			
I4. I hereby o	ertify that the informati	ion supplied with t	this filing does not qualify for the	he exemption stat	ed in Sed	ction 119.07(3)(i), Florida Statutes, I further of	certify that the information
indicated	on this report is true at	nd accurate and th	hat my signature shall háve the report as required by Cha; ter	e same legal effe	ct as if m	ade under oath; that I am a General Partner	of the limited partnership or

2001 UNIFORM BUSINESS REPORT (UBR)