

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 APR 18 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A28280 1. Entity Name NEW HARBOR PARTNERS, LTD.					
Principal Place of Business 1705 S. FEDERAL HWY SUITE A-3 DELRAY BEACH, FL 33483			Mailing Address 172 NE 2ND AVENUE DELRAY BEACH, FL 33444		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0124854	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHROEDER, MICHAEL A., ESQ. ONE BOCA PLACE, SUITE 319-ATRIUM 2255 GLADES ROAD BOCA RATON, FL 33431			Name PETER N BONITATIBUS CPA Street Address (P.O. Box Number is Not Acceptable) 1300 N. FEDERAL HWY # 202 City BOCA RATON FL Zip Code 33432		
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 <u><i>Peter N Bonitatibus</i></u> Peter N Bonitatibus DATE 4-14-05 <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$148,500.00		10. Amount of Capital Contributions in FLORIDA to date. 437.50 + 8.75 = 526.25			
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 #	K83662		STREET ADDRESS		
NAME	NEW HARBOR, INC.		CITY-ST-ZIP		
STREET ADDRESS	1705 S FEDERAL HWY A-3		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Peter N Bonitatibus</i></u> Peter N Bonitatibus DATE 4/14/05 DAYTIME PHONE # 561-391-1411 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

