

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
- DUE BY MAY 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A31247

1. Entity Name

NEW BERMOR ASSOCIATES, LTD.



Principal Place of Business
6740 E. ROGERS CIR
BOCA RATON FL 33487

Mailing Address
6740 E. ROGERS CIR
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. # etc

Suite, Apt. #. etc

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E003 (11/03)

4. FEI Number
65-0262631

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

MORTON, RICHARD
KATZ BARROW SQUITERO & FAUST
2699 S BAYSHORE DR., #700A
MIAMI FL 33133

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

9. Capital Contributions
as Shown on record. \$1,445,400.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # S20386
NAME BAYSHORE GEN. CORP.
STREET ADDRESS 6740 E. ROGERS CIR
CITY- ST- ZIP BOCA RATON FL 33487

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/20/04 561-998-7006

STAPLE CHECK HERE