

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A31700

1. Entity Name  
BARDANA, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN -7 AM 8:38

Principal Place of Business  
10378 CYPRESS LAKES DR.  
JACKSONVILLE, FL 32223

Mailing Address  
10378 CYPRESS LAKES DR.  
JACKSONVILLE, FL 32223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062005

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0273135

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

COHEN, SHERRI P  
10378 CYPRESS LAKES DR.  
JACKSONVILLE, FL 32223

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.

\$5,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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	STREET ADDRESS	CITY-ST-ZIP
	COHEN, NORMAN S M.D.	10378 CYPRESS LAKES DR.	JACKSONVILLE, FL 32223		
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	COHEN, SHERRI P	10378 CYPRESS LAKES DR.	JACKSONVILLE, FL 32223		
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600056402916  
06/21/05--01052--008 \*\*52.50  
600056402916  
06/21/05--01052--008 \*\*88.75

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 #

SHERRI P COHEN 4-28-05 904 5635263