

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A32458 1. Entity Name TARDIF FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 7800 W. OAKLAND PARK BLVD BLDG. "G" SUNRISE, FL 33351			Mailing Address 7800 W. OAKLAND PARK BLVD BLDG. "G" SUNRISE, FL 33351		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAPIERRE, REJEAN 7800 W. OAKLAND PARK BLVD., BLDG "G" SUNRISE, FL 33351				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.		\$630,000.00		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		
NAME	TARDIF, GASTON		CITY-ST-ZIP		
STREET ADDRESS	7800 W. OAKLAND PARK BLVD		CITY-ST-ZIP	000000314492	
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP	04-18/05-80168-000 526.25	
DOCUMENT #	NAME		STREET ADDRESS		
NAME	TARDIF, JEROME		CITY-ST-ZIP		
STREET ADDRESS	7800 W. OAKLAND PARK BLVD		CITY-ST-ZIP		
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP		
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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)(f), 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: <i>Gaston Tardif</i>			4/07/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

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