



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A94000000172 1. Entity Name BAROCAS FAMILY LIMITED PARTNERSHIP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR 31 AM 9:09	
Principal Place of Business 300 THREE ISLANDS BOULEVARD HALLANDALE, FL 33009				Mailing Address 300 THREE ISLANDS BOULEVARD HALLANDALE, FL 33009			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
03022005 Chg-LP CR2E003 (10/03)				4. FEI Number 65-0461415			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
6. Name and Address of Current Registered Agent DOLCHIN, STEVEN B ESQ. THE OAKS, SUITE 202-B 4330 SHERIDAN STREET HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent 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 <u><i>Rose Barocas</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u><i>MARCH 28, 2005</i></u> <small>DATE</small>			
9. Capital Contributions as Shown on record. \$500.00				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	BAROCAS, ROSE			CITY-ST-ZIP			
STREET ADDRESS	300 THREE ISLANDS BOULEVARD						
CITY-ST-ZIP	HALLANDALE, FL 33009						
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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: <u><i>Rose Barocas</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<u><i>3-2505</i></u> <u><i>9544544149</i></u> <small>Date Daytime Phone #</small>			