

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT


Due By May 1, 2005

FILED

05 MAY -9 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A96000001333</b>					
1. Entity Name <b>BAUMGARD FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business 7290 S.W. 113TH STREET MIAMI, FL 33156			Mailing Address 7290 S.W. 113TH STREET MIAMI, FL 33156		
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 65-0688799	
				Applied For Not Applicable	
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		
PERLIN, BRIAN C 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134			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. \$1,005,305.00			10. Amount of Capital Contributions in FLORIDA to date. 4/13/05		
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 #	P96000025068		STREET ADDRESS		
NAME	HERBSEL CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	7290 S.W. 113TH STREET				
CITY-ST-ZIP	MIAMI, FL 33156				
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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)(b), 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>Herbert M. Baumgard</i>			Date: 4/13/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone # 305-235-5706		
For HERBSEL CORPORATION General Partner					

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