


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000001990	
1. Entity Name THE BERRIE FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 14745 DRAFT HORSE LANE WELLINGTON FL 33414-1008	Mailing Address 14745 DRAFT HORSE LANE WELLINGTON FL 33414-1008
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0719985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERRIE FAMILY CORP. 14745 DRAFT HORSE LANE WELLINGTON FL 33414	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.	11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
9. Capital Contributions as Shown on record. \$1,958,000.00	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 #	P96000088175	STREET ADDRESS	
NAME	BERRIE FAMILY CORP.	CITY- ST- ZIP	
STREET ADDRESS	14745 DRAFT HORSE LANE		
CITY- ST- ZIP	WEST PALM BEACH FL 33414		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
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CITY- ST- ZIP			

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02/19/05-80003-015 526.25

STAPLE CHECK HERE

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:  **2/14/05** **861 790 7778**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Time Phone #