

2004 LIMITED PARTNERSHIP ANNUAL REPORT**Due By September 8, 2004****DOCUMENT # A97000002257**1. Entity Name
BAITCH FAMILY LTD.Principal Place of Business
**3030 JASMINE TERRACE
DELRAY BEACH, FL 33483**Mailing Address
**3030 JASMINE TERRACE
DELRAY BEACH, FL 33483****FILED**

2004 JUN -8 P 3:21



FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212003

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0787493

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****GLASSER, GENE K
C/O ABRAMS ANTON P.A.
2021 TYLER STREET
HOLLYWOOD, FL 33020****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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$1,080,000.00****\$625,150.00**10. Amount of Capital Contributions
in FLORIDA to date. **\$625,150.00**In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.**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**DOCUMENT #
NAME **BAITCH, BERTRAM L**
STREET ADDRESS **3030 JASMINE TERRACE**
CITY-ST-ZIP **DELRAY BEACH, FL 33483****13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

500037843085

STREET ADDRESS

06/10/04--01013--007 **526.25

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

BERTRAM L BAITCH GEN PARTNER

Date

5/31/04 (SL) 243-3700

Daytime Phone #

STAPLE CHECK HERE