
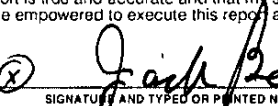


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 22 AM 9:42

DOCUMENT # A98000001879					
1. Entity Name BERNSTEIN GROUP, LTD.					
Principal Place of Business JACK BERNSTEIN 1666 KENNEDY CSWY., STE. #602 NORTH BAY VILLAGE, FL 33141			Mailing Address 12 LA GORCE CIRCLE MIAMI BEACH, FL 33141-4520		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0861460	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNSTEIN, JACK 12 LA GORCE CIRCLE MIAMI BEACH, FL 33141-4520			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,531,058.00		10. Amount of Capital Contributions in FLORIDA to date. 2,245,494.00		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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000068436	STREET ADDRESS			
NAME	JACAUD, INC.	CITY-ST-ZIP			
STREET ADDRESS	12 LA GORCE CIRCLE	200058045808 07/29/05--01050--009 **526.25			
CITY-ST-ZIP	MIAMI BEACH, FL 33141				
DOCUMENT #		STREET ADDRESS			
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NAME		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: 		JACK BERNSTEIN		7/19/05 305-865-3332	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE