


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

DOCUMENT # A98000001981 1. Entity Name THE BACIG FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 27381 OAK KNOLL DRIVE BONITA SPRINGS FL 34134		Mailing Address 27381 OAK KNOLL DRIVE BONITA SPRINGS FL 34134	
2. Principal Place of Business 27149 KINDLEWOOD LANE Suite, Apt. #, etc.		3. Mailing Address 27149 KINDLEWOOD LANE Suite, Apt. #, etc.	
City & State BONITA SPRINGS, FL.		City & State BONITA SPRINGS FL	
Zip 34134	Country U.S.A.	Zip 34134	Country U.S.A.
6. Name and Address of Current Registered Agent BACIG, LOUIS J 27381 OAK KNOLL DRIVE BONITA SPRINGS FL 34134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 27149 KINDLEWOOD LANE City BONITA SPRINGS FL Zip Code 34134	
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>Louis J. Bacig</i></u> DATE 4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$588,098.00		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 CITY-ST-ZIP	BACIG, LOUIS J 27381 OAK KNOLL DRIVE BONITA SPRINGS FL 34134	STREET ADDRESS CITY-ST-ZIP	27149 KINDLEWOOD LANE BONITA SPRINGS FL 34134
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

11. FILE NOW!!! Due by May 1, 2005.

See Block 11 instructions for fee info.

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)(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: *Louis J. Bacig* **LOUIS J. BACIG** **4/18/05** **(239) 992-2450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #