

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 17 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04102007 Chg-LP CR2E003 (12/06)

<b>DOCUMENT # A98000001981</b> 1. Entity Name <b>THE BACIG FAMILY LIMITED PARTNERSHIP</b>			
Principal Place of Business <del>27125 KINDEWOOD LANE</del> <b>BONITA SPRINGS, FL 34134</b>		Mailing Address <del>27125 KINDEWOOD LANE</del> <b>BONITA SPRINGS, FL 34134</b>	
2. Principal Place of Business - No P.O. Box # <b>27125 KINDEWOOD LN.</b> Suite, Apt. #, etc.		3. Mailing Address <b>27125 KINDEWOOD LN.</b> Suite, Apt. #, etc.	
City & State <b>BONITA SPRINGS FL</b> Zip Country <b>34134 USA</b>		City & State <b>BONITA SPRINGS FL</b> Zip Country <b>34134 USA</b>	
4. FEI Number <b>65-6289674</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BACIG, LOUIS J</b> <del>27125 KINDEWOOD LANE</del> <b>27125 KINDEWOOD LN.</b> <b>BONITA SPRINGS, FL 34134</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>27125 KINDEWOOD LANE</b> City <b>BONITA SPRINGS</b> FL Zip Code <b>34134</b>	
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 <small>Signature, typed or printed name of registered agent and LLC, LLP, LLPc, etc.</small>		DATE <b>4/11/07</b>	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>BACIG, LOUIS J</b> <del>27125 KINDEWOOD LANE</del> <del>BONITA SPRINGS FL 34134</del>	STREET ADDRESS CITY - ST - ZIP	<b>27125 KINDEWOOD LANE</b> <b>BONITA SPRINGS FL 34134</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>200099209388</b> <b>04/24/07--01052--016 **500.00</b>
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		DATE <b>4/11/07</b> (23A) 992-2450 <small>Date Day to Phone #</small>	

STAPLE CHECK HERE