2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A98000002316

1. Entity Name
BARSA GROUP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 19 AM 10:19

Principal Place of Business	Mailing Address
9553 Harding Ave #308 Surfside, Fl. 33154	P.O. Box 545867 Surfside, Fl. 33154

04042006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
260 Crandon Blvd	PO Box 1373
Suite, Apt. #, etc. 8	Suite, Apt. #, etc.
City & State: Key Biscayne, Fl.	City & State: Key Biscayne, Fl
Zip: 33149 Country:	Zip: 33149 Country:

4. FEI Number: 65-0869567 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAUMBERGER, HANS ~~260~~ 9553 Harding Ave. #308 Surfside, Fl. 33154	Name Street Address (P.O. Box Number is Not Acceptable): 260 Crandon Blvd #8 City: Key Biscayne FL Zip Code: 33149

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

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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 #	L06000023984	STREET ADDRESS	260 Crandon Blvd #8
NAME	Zur, LLC.	CITY-ST-ZIP	Key Biscayne, Fl. 33149
STREET ADDRESS	9553 Harding Ave #308		
CITY-ST-ZIP	Surfside, Fl. 33154		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100076018171
NAME			05/08/06--01039--019 **500.00
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ Hans Baumberger 4/28/06 3058678970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #