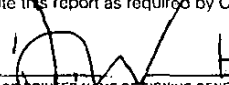


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAY 19 AM 10:19

DOCUMENT # A98 000002316 1. Entity Name BARSA GROUP, LTD.			
Principal Place of Business 9553 Harding Ave #308 Surfside, Fl. 33154		Mailing Address P.O. Box 545867 Surfside, Fl. 33154	
2. Principal Place of Business 260 Crandon Blvd Suite, Apt. #, etc. 8		3. Mailing Address PO Box 1373 Suite, Apt. #, etc.	
City & State Key Biscayne, Fl. Zip 33149 Country		City & State Key Biscayne, Fl. 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 BAUMBERGER, HANS 9553 Harding Ave. #308 Surfside, Fl. 33154		7. Name and Address of New Registered Agent 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 #	L 06000023984	STREET ADDRESS	260 Crandon Blvd #8
NAME	Zur, LLC	CITY-ST-ZIP	Key Biscayne, Fl. 33149
STREET ADDRESS	9553 Harding Ave #308	STREET ADDRESS	
CITY-ST-ZIP	Surfside, Fl. 33154	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date 4/28/06 Daytime Phone # 305 867 8970	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

STAPLE CHECK HERE