

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

2/06/18/04

04 JUN 17 PM 3:56

DOCUMENT # A98000002560
 1. Entity Name
 BAER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 238 BUTTONWOOD DRIVE
 KEY BISCAVNE, FL 33149

Mailing Address
 238 BUTTONWOOD DRIVE
 KEY BISCAVNE, FL 33149



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03152004 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-0874930

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BAER, FRED
 238 BUTTONWOOD DRIVE
 KEY BISCAVNE, FL 33149

7. Name and Address of New Registered Agent
 Name
 CECILE BAER
 Street Address (P.O. Box Number is Not Acceptable)
 238 BUTTONWOOD DRIVE
 City
 KEY BISCAVNE, FL 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 *Cecile C. Baer*
 Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$1,176,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,176,000.00

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 #	BAER, FRED	STREET ADDRESS	
NAME	238 BUTTONWOOD DRIVE	CITY-ST-ZIP	200038047782
STREET ADDRESS	KEY BISCAVNE, FL 33149		06/17/04--01049--006 **141.25
CITY-ST-ZIP			
DOCUMENT #	CECILE BAER	STREET ADDRESS	
NAME	238 BUTTONWOOD DRIVE	CITY-ST-ZIP	200038047782
STREET ADDRESS	KEY BISCAVNE, FL 33149		06/17/04--01049--007 **137.50
CITY-ST-ZIP			
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STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

\$526.25

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: *[Signature]* 4/21/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE