



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 25, 2005 8:00 A.M.
Secretary of State

DOCUMENT # A98000002560	
1. Entity Name BAER FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 238 BUTTONWOOD DRIVE KEY BISCAIYNE, FL 33149	Mailing Address 238 BUTTONWOOD DRIVE KEY BISCAIYNE, FL 33149
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[Handwritten initials]

 01122005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0874930	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BAER, CECILE 238 BUTTONWOOD DRIVE KEY BISCAIYNE, FL 33149		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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.

9. Capital Contributions as Shown on record. \$1,176,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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, CECILE	STREET ADDRESS	
NAME	238 BUTTONWOOD DRIVE	CITY-ST-ZIP	
STREET ADDRESS	KEY BISCAIYNE, FL 33149		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: *Cecile C. Baer* *2/26/05*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: CECILE C BAER
 Date: _____ Daytime Phone #: _____