

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A99000000557

1. Entity Name
BEABURG FAMILY LIMITED PARTNERSHIP, LTD.



Principal Place of Business
**13534 WHISPERING LAKES LANE
 PALM BEACH GARDENS, FL 33418**

Mailing Address
**13534 WHISPERING LAKES LANE
 PALM BEACH GARDENS, FL 33418**

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



07072004 Chg-LP CR2E003 (10/03)

4. FCI Number
65-0913813

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

6. Name and Address of Current Registered Agent
**BURG, BEATRICE V
 13534 WHISPERING LAKES LANE
 PALM BEACH GARDENS, FL 33418**

7. Name and Address of New Registered Agent
 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 **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #		STREET ADDRESS	
NAME	BURG, BEATRICE V TRUSTEE	CITY-ST-ZIP	
STREET ADDRESS	13534 WHISPERING LAKES LANE		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Beatrice Burg* **7/7/04** **561 622 5485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date

STAPLE CHECK HERE