


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # B01000000060 1. Entity Name EUROBAKE, L.P.	
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Principal Place of Business 230 19TH STREET SOUTH ST. PETERSBURG FL 33712	Mailing Address 230 19TH STREET SOUTH ST. PETERSBURG FL 33712
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 59-3688799	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERHARD, HARTMUT 230 19TH STREET SOUTH ST. PETERSBURG FL 33712	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 date if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	M01000000381	STREET ADDRESS	
NAME	EUROBAKE LLC	CITY-ST-ZIP	
STREET ADDRESS	230 19TH STREET SOUTH		
CITY-ST-ZIP	ST. PETERSBURG FL 33712		
DOCUMENT #		STREET ADDRESS	U000000532681
NAME		CITY-ST-ZIP	05/06/06-80090-022 508.75
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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:  **H.L. Gerhard** 04/20/06 (727) 823-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #