
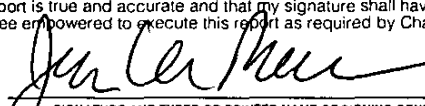


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 13 AM 9:18

DOCUMENT # B02000000136 1. Entity Name BALDWIN PARK REALTY, L.P.					
Principal Place of Business 4776 Broad Street Suite 110 Orlando, Florida 32814-6423			Mailing Address 4776 Broad Street Suite 110 Orlando, Florida 32814-6423		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-0541689	
Zip		Country		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	
CORPORATION SERVICE COMPANY				Name	
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE, FL 32301-2525				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$405,900.00			10. Amount of Capital Contributions in FLORIDA to date. \$405,900.00		
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 #	M02000001044			STREET ADDRESS	
NAME	BPARK REALTY GP, L.L.C.			CITY-ST-ZIP	
STREET ADDRESS	4776 NEW BROAD STREET, STE. 110				
CITY-ST-ZIP	ORLANDO, FL 328146423				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
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NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
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: 				Date: 4/20/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER John Kevin Poorman, Vice President of General Partner				Daytime Phone #	

STAPLE CHECK HERE

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