


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUN 21 AM 9:11

DOCUMENT # A0000001426  
1. Entity Name  
BERMUDA ESTATES ASSOCIATES, LTD.



Principal Place of Business: 1515 N FEDERAL HWY., STE 306 BOCA RATON FL 33432  
Mailing Address: 1515 N FEDERAL HWY., STE 306 BOCA RATON FL 33432

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

4. FEI Number: 59-3670309 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent  
COLEY, RICHARD T SR.  
2412 W. COUNTRY CLUB AVENUE  
TAMPA FL 33611

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

11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record: \$2,000,002.00  
10. Amount of Capital Contributions in FLORIDA to date: \$2,000,000.00

**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	
DOCUMENT #	P99000032665
NAME	CCM ADVISORS, INC.
STREET ADDRESS	2412 W. COUNTRY CLUB AVENUE
CITY-ST-ZIP	TAMPA FL 33611
DOCUMENT #	P01000106153
NAME	PENN-FLORIDA VENTURE VII, INC.
STREET ADDRESS	1515 N. FEDERAL HIGHWAY, STE. 306
CITY-ST-ZIP	BOCA RATON FL 33432
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300056627773
CITY-ST-ZIP	06/28/05--01056--005 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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]* DATE: 4/29/05 DAYTIME PHONE #: 561-750-1030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER