
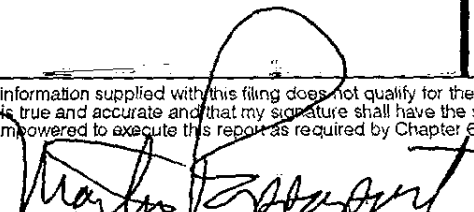


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

**FILED
May 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # A01000001634 1. Entity Name BRE LIMITED					
Principal Place of Business 313-319 KPJM RING BLVD. SARASOTA FL 34236			Mailing Address 1241 TREE BAY LANE SARASOTA FL 34242		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-3850542	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAPPAPORT, MARTIN 1241 TREE BAY LANE SARASOTA FL 34242			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.					11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					9. Capital Contributions as Shown on record: \$454,968.00
10. Amount of Capital Contributions in FLORIDA to date.					11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
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 # NAME STREET ADDRESS CITY - ST - ZIP	J88610 IMAR REAL ESTATE MANAGEMENT, INC. 1241 TREE BAY LANE SARASOTA FL 34242		STREET ADDRESS CITY - ST - ZIP	U00000367335 05/16/05-80032-002 526.25	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		STREET ADDRESS CITY - ST - ZIP	(Empty)	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		STREET ADDRESS CITY - ST - ZIP	(Empty)	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	(Empty)		STREET ADDRESS CITY - ST - ZIP	(Empty)	
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: 			4/14/5 (941) 346-1931		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE