


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 31 AM 11:04

DOCUMENT # A02000000156	
1. Entity Name BIANCO ENTERPRISES, LTD.	

Principal Place of Business 936 INTRACOASTAL DR #11-C FT LAUDERDALE, FL 33304	Mailing Address 936 INTRACOASTAL DR #11-C FT LAUDERDALE, FL 33304
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2. Principal Place of Business 6361 S.W. 38th COURT	3. Mailing Address 6361 S.W. 38th COURT
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State DAVIE, FLORIDA	City & State DAVIE, FLORIDA
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Zip 33314-2525	Country	Zip 33314-2525	Country
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03082005 Chg-LP CR2E003 (10/03)

4. FEI Number 43-1952288	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GLASSER, GENE K C/O ABRAMS ANTON PA 2021 TYLER ST HOLLYWOOD, FL 33020

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. \$3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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	P02000006843 BIANCO FAMILY OF SOUTH FLORIDA INC 936 INTRACOASTAL DR #11-C FT LAUDERDALE, FL 33304	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	

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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)(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: _____ **3/29/05** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #