

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 17 AM 9:39



DOCUMENT # A04000000797				1. Entity Name B4 FAMILY LIMITED PARTNERSHIP	
Principal Place of Business 2600 FAIRWAY ISLAND DRIVE WELLINGTON, FL 33414		Mailing Address 2600 FAIRWAY ISLAND DRIVE WELLINGTON, FL 33414			
2. Principal Place of Business 2930 Hurlingham Drive Suite, Apt. #, etc.		3. Mailing Address 2930 Hurlingham Drive Suite, Apt. #, etc.			
City & State Wellington, FL		City & State Wellington, FL		4. FEI Number 20-1123580	
Zip 33414		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BELLISSIMO, MARK J 2600 FAIRWAY ISLAND DRIVE WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name Bellissimo, Mark J Street Address (P.O. Box Number is Not Acceptable) 2930 Hurlingham Drive City Wellington, FL Zip Code 33414		
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 <i>[Signature]</i> DATE					
9. Capital Contributions as Shown on record. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,200,000			
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	2930 Hurlingham Drive	
	BELLISSIMO, MARK J		CITY-ST-ZIP	Wellington, FL 33414	
	2600 FAIRWAY ISLAND DRIVE				
	WELLINGTON, FL 33414				
DOCUMENT #	NAME		STREET ADDRESS	600061799196	
			CITY-ST-ZIP	11/30/05--01050--005 **926.25	
DOCUMENT #	NAME		STREET ADDRESS	REINSTATEMENT 2005	
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		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: <i>[Signature]</i> DATE Daytime Phone #					

STAPLE CHECK HERE