

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

04 JAN 23 PM 1:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A95000001166

1. Entity Name
 BUSINESS ENTERPRISE OF PINELLAS, LTD.



Principal Place of Business: 53 WEST JACKSON BLVD., SUITE 530 CHICAGO, IL 60604
 Mailing Address: 53 WEST JACKSON BLVD., SUITE 530 CHICAGO, IL 60604

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



01142004 Chg-LP CR2E003 (10/03)

4. FEI Number: 36-4045554
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CORPORATE SERVICE COMPANY
 1201 HAYES STREET
 TALLAHASSEE, FL 32301

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: \$1,683,000.00
 10. Amount of Capital Contributions in FLORIDA to date: _____

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 #	P95000044847	STREET ADDRESS	
NAME	BUSINESS ENTERPRISE OF PINELLAS, INC.	CITY-ST-ZIP	
STREET ADDRESS	756 BEACHLAND BOULEVARD		
CITY-ST-ZIP	VERO BEACH, FL 32963		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400027522404
STREET ADDRESS			01/23/04--01053--030 **535.00
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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]* 1/15/04 312/927-3792
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # X-114