


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Apr 12, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A95000001166**

1. Entity Name  
**BUSINESS ENTERPRISE OF PINELLAS, LTD.**



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

**DO NOT WRITE IN THIS SPACE**



03102006 No Chg-LP      CR2E003 (11/05)

4. FEI Number      Applied For  
**36-4045554**      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, if Applicable)  
 City      **FL**      Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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 #                      | P95000044847                          |
| NAME                            | BUSINESS ENTERPRISE OF PINELLAS, INC. |
| STREET ADDRESS                  | 756 BEACHLAND BOULEVARD               |
| CITY-ST-ZIP                     | VERO BEACH, FL 32963                  |
| DOCUMENT #                      |                                       |
| NAME                            |                                       |
| STREET ADDRESS                  |                                       |
| CITY-ST-ZIP                     |                                       |
| 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           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |

U00000504877  
04/26/06-80090-013 508.75

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Francis Beal      3/20/06      312/922-3791  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Daytime Phone #