
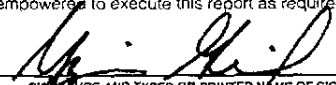


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Jan 25, 2005 08:00 AM  
Secretary of State**

DOCUMENT # A96000002089					
1. Entity Name BUSCH DRIVE, LTD.					
Principal Place of Business 121 ALHAMBRA PLAZA PENTHOUSE 1, SUITE 1600 CORAL GABLES, FL 33134			Mailing Address 121 ALHAMBRA PLAZA PENTHOUSE 1, SUITE 1600 CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RENTZ, R. LARRY 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>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.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P16775			STREET ADDRESS	
NAME	HAMMOND VENTURE, INC.			CITY-ST-ZIP	1100000196895 01/26/05-80088-006 141.25
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
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NAME				CITY-ST-ZIP	
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NAME				CITY-ST-ZIP	
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)(1), 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: 		YAZMINGIL, TREASURER		1/13/05 305-443-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				DATE	
HAMMOND VENTURE				DATE	



01052005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0715317 Applied For Not Applicable

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

STAPLE CHECK HERE