
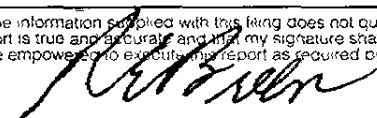


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002469			
1. Entity Name BMR INVESTMENTS, LTD.			
Principal Place of Business C/O ROBERT E. BREEN 1560 LANCASTER TERRACE, BROADVW TERR. #308 JACKSONVILLE, FL 32204-4146		Mailing Address C/O ROBERT E. BREEN 1560 LANCASTER TERRACE, BROADVW TERR. #308 JACKSONVILLE, FL 32204-4146	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
04072004		Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3416314		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 BREEN, ROBERT E BROADVIEW TERRACE #308 1560 LANCASTER TERRACE JACKSONVILLE, FL 32204-4146		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____	
9. Capital Contributions as Shown on record \$2,181,372.00		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 # NAME STREET ADDRESS CITY - ST - ZIP	P96000103627 BMR INVESTMENTS G.P., INC. 1560 LANCASTER TERRACE, BROADVW TERR #308 JACKSONVILLE, FL 322044146	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	U00000120842 04/20/04-80025-003 526.25
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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: 		DATE _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone # _____	



STAPLE CHECK HERE