


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000568
1. Entity Name
BC2 ENTERPRISES, LTD.



Principal Place of Business: **5020 GUNN HWY., STE. 240 TAMPA FL 33624-6370**
Mailing Address: **5020 GUNN HWY., STE. 240 TAMPA FL 33624-6370**

2. Principal Place of Business: Suite, Apt. #, etc
3. Mailing Address: Suite, Apt. #, etc

City & State

Zip Country Zip Country



MOORE CR2E003 (11/03)

4. FEI Number **59-3494551** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**CUNILL, BUENAVENTURA C
5020 GUNN HWY
SUITE 240
TAMPA FL 33624-6370**

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. **\$1,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION.

**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 #	P98000018254	STREET ADDRESS	
NAME	BC2 MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	5020 GUNN HWY., STE. 240		
CITY-ST-ZIP	TAMPA FL 33624-6370		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000000097411
STREET ADDRESS			03/26/04-80038-016 141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Benjamin Buenaventura Cunill* **Benjamin Buenaventura Cunill** 3/16/04 813/969-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #