


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

**FILED
Mar 03, 2006 08:00 AM
Secretary of State**

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



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



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E003 (10/05)
4. FEI Number Applied For
59-3494551 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

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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	
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CITY - ST - ZIP			

100001454400
03/15/06-20014-015 500.00

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: *B. Cunill* **B. CUNILL** 2/21/06 813/269-2274