


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # A9800000568
1. Entity Name
BC2 ENTERPRISES, LTD.



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E003 (10/06)
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, 2007, 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

DOCUMENT #	P98000018254
NAME	BC2 MANAGEMENT, INC.
STREET ADDRESS	5020 GUNN HWY., STE. 240
CITY- ST- ZIP	TAMPA FL 33624-6370
DOCUMENT #	
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CITY- ST- ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY- ST- ZIP	
STREET ADDRESS	U00000656462
CITY- ST- ZIP	03/14/07-80027-004 500.00
STREET ADDRESS	
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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: *Daniel Buenaventura Cunill* 1/30/07 813/269-2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #