TASECRETARY OF STATE 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005 **DOCUMENT # B04000000222** 1. Entity Name BVJWB BEACH, LP Principal Place of Business Mailing Address 350 NORTH ST. PAUL, SUITE 2900 8117 PRESTON ROAD, SUITE 220 DALLAS, TX 75201 DALLAS, TX 75225 2. Principal Place of Business 3. Mailing Address 8117 Preston Road Suite, Apt. #, etc. Suite, Apt. #, etc. 03092005 CR2E003 (10/03) Cha-LP Suite 220 4. FEI Number Applied For City & State City & State 20-119138 Dallas Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 75225 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions °\$233,001.00 as Shown on record. \$233,001.00 in FLORIDA to date. Total Due: \$526.25 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY M03000003858 DOCUMENT # STREET ADDRESS NAME BVWB GP, LLC STREET ADDRESS 8117 PRESTON ROAD, SUITE 220 CITY-ST-ZIP CITY-ST-7IP DALLAS, TX 75201 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 400054305624 05/12/05--01006--007 \*\*\*52 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME I STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME **STREET ADDRESS** CITY-ST-ZIP 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)(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

3-17-2005

Date

214-378-8200

Daytime Phone #

STAPLE CHÊCK

**SIGNATURE:** 

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER