


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # B92000000008			
1. Entity Name BANGERS L.P. LTD.			
Principal Place of Business TWO MIDTOWN PLAZA, SUITE 1990 1360 PEACHTREE STREET, NE ATLANTA, GA 30309		Mailing Address TWO MIDTOWN PLAZA, SUITE 1990 1360 PEACHTREE STREET, NE ATLANTA, GA 30309	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01042005		Chg-LP CR2E003 (10/03)	
4. FEI Number 63-1077717		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		7. Name and Address of New Registered Agent	
PEREZ, MANUEL E 7600 W. 20TH AVE. 217-B HIALEAH, FL 33016		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. \$0.00		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 #	F96000000029	STREET ADDRESS	
NAME	BANGERS ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	1360 PEACHTREE ST. STE. 1990		
CITY-ST-ZIP	ATLANTA, GA 30309		
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NAME		CITY-ST-ZIP	
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STREET ADDRESS			
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)(f), 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: <u>Kaleb W. Epy III</u>		Date: <u>1/4/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone # <u>404 876 1990</u>	



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