

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

DOCUMENT # A96000002469	
1. Entity Name BMR INVESTMENTS, LTD.	
Principal Place of Business C/O ROBERT E. BREEN 1560 LANCASTER TERRACE, BROADVW TERR. JACKSONVILLE FL 32204-4146	Mailing Address C/O ROBERT E. BREEN 1560 LANCASTER TERRACE, BROADVW TERR. JACKSONVILLE FL 32204-4146



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:47



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 59-3416314	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BREEN, ROBERT E JR 27332 HOLLYBROOK TRAIL WESLEY CHAPEL FL 33543	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000103627 BMR INVESTMENTS G.P., INC. 1560 LANCASTER TERRACE, BROADVW TERR #308 JACKSONVILLE FL 32204-4146	STREET ADDRESS CITY-ST-ZIP	27332 Hollybrook Trail Wesley Chapel, FL 33543
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-6-06

813 494 8224

STAPLE CHECK HERE