
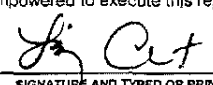


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000373</b> 1. Entity Name <b>BONNET CREEK VENTURE, LTD.</b>					
Principal Place of Business <b>401 WEST COLONIAL DRIVE, SUITE 7</b> <b>ORLANDO, FL 32804</b>			Mailing Address <b>401 WEST COLONIAL DRIVE, SUITE 7</b> <b>ORLANDO, FL 32804</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3630010</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MACARTHUR, WILLIAM H</b> <b>401 WEST COLONIAL DRIVE, SUITE 7</b> <b>ORLANDO, FL 32804</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$40,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>40,000,000.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000021412		STREET ADDRESS		
NAME	BDC MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	401 WEST COLONIAL DRIVE, SUITE 7				
CITY-ST-ZIP	ORLANDO, FL 32804				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
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:  <b>LIE CHANAT, ASST SEC/TREAS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: <b>4/21/05</b> Daytime Phone #: <b>407-425-8276</b>		

STAPLE CHECK HERE



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