2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A00000000373

BONNET CREEK VENTURE, LTD.



FILED May 01, 2007 08:00 A Secretary of State

Principal Place of Business

401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804

Mailing Address

401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804



04302007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3630010

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACARTHUR, WILLIAM H 401 WEST COLONIAL DRIVE, SUITE 7

DO NOT WRITE

ORLANDO, FL 32804		IN THIS SPACE
the obligat	e named entity submits this statement for the purpose of changing its re- tions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	OATE:
,	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	00
	A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP TOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION P00000021412 BDC MANAGEMENT, INC. 401 WEST COLONIAL DRIVE, SUITE 7 ORLANDO, FL 32804	U00000752828 05/21/07-80032-009 500.00 DO NOT WRITE
DOCUMENT / NAME STREET ADDRESS CITY-S1-ZWP DOCUMENT / NAME STREET ADDRESS CITY-S1-ZIP		IN THIS SPACE
DOCUMENT /		

14. I hereby certify that the information supplied with this fiting 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER