
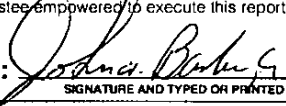


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -4 AM 9:56

DOCUMENT # A00000001029					
1. Entity Name BBC LTD. #1					
Principal Place of Business 1514 BERNITA STREET JACKSONVILLE, FL 32211			Mailing Address 1514 BERNITA STREET JACKSONVILLE, FL 32211		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3660833	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARBER, JOHN W JR. 1514 BERNITA STREET JACKSONVILLE, FL 32211			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$58,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$ 38,682.00		11.	
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	1514 Bernita Street	
	STREET ADDRESS		CITY-ST-ZIP	Jacksonville, Florida 32211	
	CITY-ST-ZIP				
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	STREET ADDRESS		CITY-ST-ZIP	Jacksonville, Florida 32211	
	CITY-ST-ZIP				
DOCUMENT #	NAME		STREET ADDRESS	900048122529	
	STREET ADDRESS		CITY-ST-ZIP	03/10/05--01009--017 **368.26	
	CITY-ST-ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
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	CITY-ST-ZIP				
DOCUMENT #	NAME		STREET ADDRESS		
	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.					
SIGNATURE: 			John W. Barber, Jr. V P 3/02/05		(904) 744-4067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE