2006 LIMITED PARTNERSHIP ANNUAL REPORT. Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A0000001029

1. Entity Name BBC LTD. #1

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

FILED Feb 24, 2006 08:00 AM Secretary of State

Principal Place of Business

1514 BERNITA STREET JACKSONVILLE, FL 32211 Mailing Address

1514 BERNITA STREET IACKSONVILLE, FL 32211



02212006 No Chg-LF

CR2E003 (11/05)

4. FEI Number 59-3660833

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBER, JOHN W JR. 1514 BERNITA STREET JACKSONVILLE, FL 32211		DO NOT WRITE IN THIS SPACE
	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 ox printed name of registered agent and the if applicable	DATE
	FILE NOWIII FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	
		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BARBER, JOHN W JR. 1514 BERNITA STREET JACKSONVILLE, FL 32211	03/07/06-80043-011 508 .75
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZP	BARBER, DOROTHY C 1514 BERNITA STREET JACKSONVILLE, FL 32211	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
DOCUMENT # NAME STHEET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP		

14. I hereby certify that the information supplied with this filling 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 regulated by Chapter 620, Florida Statutes

CICHATURE SEL W Som for

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