
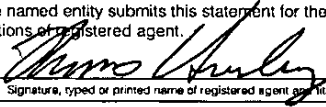
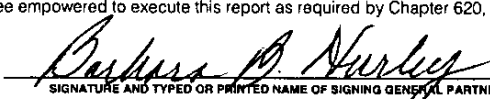


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -1 AM 9:20

DOCUMENT # A00000001739 1. Entity Name BECKER INVESTMENT ENTERPRISES, LTD.					
Principal Place of Business 2627 S JENKINS RD. FT. PIERCE, FL 34981			Mailing Address 2627 S JENKINS RD. FT. PIERCE, FL 34981		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BECKER, RICHARD E 660 BEACHLAND BLVD., SUITE 201 VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name Thomas Hurley Street Address (P.O. Box Number is Not Acceptable) 2627 S. Jenkins Road City Fort Pierce FL 34981	
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 4/25/05 <small>Signature, typed or printed name of registered agent and date if applicable</small>					
9. Capital Contributions as Shown on record. \$7,500,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	L02000019290		STREET ADDRESS	2627 S. Jenkins Road	
NAME	BECKER SISTERS MANAGEMENT, LLC		CITY-ST-ZIP	Fort Pierce, FL 34981	
STREET ADDRESS	660 BEACHLAND BLVD, STE 201		STREET ADDRESS	600056403906	
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP	06/21/05--01067--011 **\$26.25	
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NAME			CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE 4/25/05 772-595-3110 <small>Date Daytime Phone #</small>		

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