


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS


04 MAR 24 PM 2:36

<b>DOCUMENT # A00000001848</b> 1. Entity Name BG 1, LTD	
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Principal Place of Business <del>4340 WEST HILLSBOROUGH AVE.</del> <del>SUITE 212</del> <del>TAMPA, FL 33614</del>	Mailing Address <del>4340 WEST HILLSBOROUGH AVE.</del> <del>SUITE 212</del> <del>TAMPA, FL 33614</del>
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2. Principal Place of Business 2226 S.R. 580 Suite, Apt. #, etc.	3. Mailing Address 2226 S.R. 580 Suite, Apt. #, etc.
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City & State Clearwater, FL Zip 33763 Country USA	City & State Clearwater, FL Zip 33763 Country USA
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03102004	Chg-LP	CR2E003 (10/03)
4. FEI Number 59-3693468	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent HILL, WARD & HENDERSON 101 EAST KENNEDY BLVD. SUITE 3700 TAMPA, FL 33602	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		FL Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$100.00	10. Amount of Capital Contributions in FLORIDA to date:
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**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 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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

<b>SIGNATURE:</b> <i>Helly C. Schmidt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	3/10/04 <small>Date</small>	(727) 499-2226 <small>Daytime Phone #</small>
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STAPLE CHECK HERE