


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A00000002070 1. Entity Name BFA GROUP, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 9:52

Principal Place of Business 2104 WEST CENTRAL BLVD. ORLANDO FL 32805	Mailing Address P.O. BOX 568546 ORLANDO FL 32856
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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1ST MOORE CR2E003 (10/04)

4. FEI Number 59-1840513	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 BROWN, LOWRIE W III 2118 WEST CENTRAL BLVD. ORLANDO FL 32805
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2104 W. Central 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> DATE _____
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11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info

9. Capital Contributions as Shown on record. \$270,000.00	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	
DOCUMENT #	
NAME	BROWN, LOWRIE W III
STREET ADDRESS	2104 WEST CENTRAL BLVD.
CITY-ST-ZIP	ORLANDO FL 32805
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	800045696718 01/31/05--01036--008 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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:  **Lowrie W. Brown III** **01/20/2005** **407-649-9767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #