


FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001044 1. Entity Name BGI PARTNERS - BATTLECREEK LIMITED PARTNERSHIP			Secretary of State 	
Principal Place of Business 1 SO. SCHOOL AVENUE, SUITE 500 SARASOTA, FL 34237			Mailing Address 1 SO. SCHOOL AVENUE, SUITE 500 SARASOTA, FL 34237	
2. Principal Place of Business			3. Mailing Address	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	
City & State			City & State	
Zip			Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
BRADLEY, SCOTT D 1 SO. SCHOOL AVENUE, SUITE 500 SARASOTA, FL 34237			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div>	
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. \$1,000.00			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 # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
LIEBERMAN, LARRY P TRUSTEE 1 SO. SCHOOL AVENUE, SUITE 500 SARASOTA, FL 34237			<div style="text-align: right;">1100000239320 02/22/05-80040-002 141.25</div>	
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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)(f), 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: _____ DATE: 2/16/05 <div style="display: flex; justify-content: space-between;">LARRY P. LIEBERMANDaytime Phone #</div>				