2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DO NOT WRITE IN THIS SPACE

FILED Mar 26, 2007 08:00 A Secretary of State

DOCUMENT # A01000001044

1. Entity Name BGI PARTNERS - BATTLECREEK LIMITED **PARTNERSHIP**



Principal Place of Business

1 SO. SCHOOL AVENUE, SUITE 500 SARASOTA, FL 34237

Mailing Address

1 SO. SCHOOL AVENUE, SUITE 500 SARASOTA, FL 34237



01112007 No Chq-LP

CR2E003 (12/06)

4. FEI Number 04-3616623 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		
BRADLEY, SCOTT D 1 SO. SCHOOL AVENUE, SUITE 500 SARASOTA, FL 34237		DO NOT WRITE IN THIS SPACE
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 Signature, typed or printed name of registered agent and title if applicable DATE		
	FILE NOWIN FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	
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 STREET ADDRESS CITY-SI-ZIP	LIEBERMAN, LARRY P TRUSTEE 1 SO. SCHOOL AVENUE, SUITE 500 SARASOTA, FL 34237	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	S. 11 (12 (12))	U00000680506 04/04/07-80001-011 500.0
DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP		DO NOT WRITE
DOCUMENT / NAME STREET ADDRESS CITY-SI-ZIP		IN THIS SPACE
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS		

blied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information trate 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 exempts this report as required by Chapter 620, Florida Statutes. I hereby certify that the information supplied indicated on this report is true and accurate or the receiver or trustee empowered to execute

SIGNATURE:

STAPLE CHECK HERE