

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

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| <b>DOCUMENT # A01000001377</b>                           |  |
| 1. Entity Name<br>PASCO LAND VENTURE LIMITED PARTNERSHIP |   |

FILED  
 2004 APR 22 PM 3:50  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



|   |  |
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| Principal Place of Business<br>1421 COURT STREET, SUITE B<br>CLEARWATER, FL 33756 | Mailing Address<br>832 EL DORADO AVE<br>CLEARWATER, FL 33757 |
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| 2. Principal Place of Business<br>150 Bayside Drive<br>Suite, Apt. #, etc. | 3. Mailing Address<br>P.O. Box 2436<br>Suite, Apt. #, etc. |
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| City & State<br>Clearwater, FL<br>Zip<br>33767<br>Country<br>USA | City & State<br>Clearwater, FL<br>Zip<br>33757-2436<br>Country<br>USA |
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|---|-----------------------------|--|
| 01212004 Chg-LP CR2E003 (10/03)                           | 4. FEI Number<br>45-0464694 | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |                             | \$8.75 Additional Fee Required                         |

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| 6. Name and Address of Current Registered Agent<br><br>WARD, R. CARLTON<br>1253 PARK STREET<br>CLEARWATER, FL 33756 |
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| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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.

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| SIGNATURE<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE |
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| 9. Capital Contributions as Shown on record. \$900.00 | 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 #                      | P95000017552            | STREET ADDRESS           | 150 Bayside Drive    |
| NAME                            | BBE OF CLEARWATER, INC. | CITY-ST-ZIP              | Clearwater, FL 33767 |
| STREET ADDRESS                  | 832 ELDORADO AVENUE     |                          |                      |
| CITY-ST-ZIP                     | CLEARWATER, FL 33767    |                          |                      |
| DOCUMENT #                      |                         | STREET ADDRESS           |                      |
| NAME                            |                         | CITY-ST-ZIP              |                      |
| STREET ADDRESS                  |                         |                          |                      |
| CITY-ST-ZIP                     |                         |                          |                      |
| DOCUMENT #                      |                         | STREET ADDRESS           |                      |
| NAME                            |                         | CITY-ST-ZIP              |                      |
| STREET ADDRESS                  |                         |                          |                      |
| CITY-ST-ZIP                     |                         |                          |                      |
| DOCUMENT #                      |                         | STREET ADDRESS           |                      |
| NAME                            |                         | CITY-ST-ZIP              |                      |
| STREET ADDRESS                  |                         |                          |                      |
| CITY-ST-ZIP                     |                         |                          |                      |
| DOCUMENT #                      |                         | STREET ADDRESS           |                      |
| NAME                            |                         | CITY-ST-ZIP              |                      |
| STREET ADDRESS                  |                         |                          |                      |
| 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

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| SIGNATURE: <u>Carol M. Mears</u> <u>Carol m mears</u>                         | Date: <u>2/20/04</u> <u>727-644-1630</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | <small>Daytime Phone #</small>           |

STAPLE CHECK HERE