2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A01000001377

1. Entity Name
PASCO LAND VENTURE LIMITED PARTNERSHIP

FILED
2005 APR 15 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
150 BAYSIDE DRIVE CLEARWATER, FL 33767	P.O. BOX 2436 CLEARWATER, FL 33757

04122005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 2436	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State
Zip: 33757 Country: USA	Zip Country

4. FEI Number: 45-0464694 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WARD, R. CARLTON 1253 PARK STREET CLEARWATER, FL 33756	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	$900.00	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 #	P95000017552	STREET ADDRESS	407 Roebling Rd. S.
NAME	BBE OF CLEARWATER, INC.	CITY-ST-ZIP	Belleair, FL 33756
STREET ADDRESS	150 BAYSIDE DRIVE		
CITY-ST-ZIP	CLEARWATER, FL 337572436		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500054030065
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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: Carol M. Mears Carol M Mears 4/12/05 727-644-8630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #