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

SIGNATURE:

## FILED Apr 14, 2004 08:00 AM Secretary of State

	DOCUMENT # A0100001609  1. Entity Name BGI PARTNERS-COOPER CREEK LIMITED PARTNERSHIP					Secretary of State				
	Principal Place of Business  1 SOUTH SCHOOL AVE., SUITE 500  1 SOUTH SCHOOL AVE., SARASOTA, FL 34237  SARASOTA, FL 34237  Mailing Address  1 SOUTH SCHOOL AVE., SARASOTA, FL 34237				500					
	2. Principal P	Principal Place of Business 3. Mailing Address			<u></u>	04022004 Chg-LP CR2E003 (10/03)				
	Suite, Apt.	#, etc.	Suite, Apt #, etc.							
	City & State	9	City & State		4. FEI Number		Applied For			
1	Ζιρ	Country	Zip Country		04-3616		Not Applicable  \$8.75 Additional			
1	•						f Status Desired	Fee Required		
1	8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name						
	BRADLEY, SCOTT D 1 SOUTH SCHOOL AVE., SUITE 500 SARASOTA, FL 34237				Street Address (P.O. Box Number is Not Acceptable)					
					City			FL Zip Code		
***************************************	5. 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.									
	9. Capital Contributions as \$1,000.00 as \$1,000.00 in FLORIDA to date. \$1,000.00									
Ţ	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST NOTE: General Partners MAY NOT be changed on the form; an amendmen					TERED AND A	CTIVE WITH TH	IIS OFFICE.		
1	12.				.,	ADDRESS CHANGES ONLY				
	DOCUMENT #	LIEBERMAN, LARRY P TRUSTEE			EET ADDRESS	_				
	STREET ADDRESS City-ST-ZIP	1 SOUTH SCHOOL AVE., SUITE 500 SARASOTA, FL 34237		CITY	'- SI - ZIP					
	DOCUMENT # NAME			STR	U00000120896 04/20/04-80023-003 141.25					
_	STREET ADDRESS CATY - ST - ZVP			Caty	- ST- ZIP	04/20/04-80029-003 141.25				
STAPLE CHECK HERE	DOCUMENT # NAME	7.4			EET ADORESS	_				
	STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP					
	NAME	DORESS ZIP NT : DORESS			EET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP				-SI-ZIP			<u> </u>		
	NAME STREET ADDRESS				EET ADORESS '-ST-ZIP	<del></del>				
	CITY-ST-ZIP DOCUMENT #			STR	EET ADDRESS					
SI	NAME STREET ADDRESS CITY - ST - ZIP				-51-ZIP					
- 1	14. I hereby o	certify that the information subjected w	ith this filing does not qualify f	or the exe	imption stated in Se	ection 119.07(3)(i)	Florida Statutes.	I further certify that the information		