


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 31 AM 11:04

DOCUMENT # A02000000156	
1. Entity Name BIANCO ENTERPRISES, LTD.	

Principal Place of Business 936 INTRACOASTAL DR #11-C FT LAUDERDALE, FL 33304	Mailing Address 936 INTRACOASTAL DR #11-C FT LAUDERDALE, FL 33304
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2. Principal Place of Business 6361 S.W. 38th COURT	3. Mailing Address 6361 S.W. 38th COURT
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State DAVIE, FLORIDA	City & State DAVIE, FLORIDA
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Zip 33314-2525	Country	Zip 33314-2525	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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GLASSER, GENE K C/O ABRAMS ANTON PA 2021 TYLER ST HOLLYWOOD, FL 33020	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	

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 _____ <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. \$3,000,000.00	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 #	P02000006843	STREET ADDRESS	
NAME	BIANCO FAMILY OF SOUTH FLORIDA INC	CITY-ST-ZIP	
STREET ADDRESS	936 INTRACOASTAL DR #11-C		
CITY-ST-ZIP	FT LAUDERDALE, FL 33304		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date: 3/29/05 <small>Daytime Phone #</small>
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