

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A02000001074			
1. Entity Name BAGLEY DEVELOPMENT PARTNERSHIP, LTD.			
Principal Place of Business 4404 S. FLORIDA AVE., STE. #2 LAKELAND FL 33813		Mailing Address 4404 S. FLORIDA AVE., STE. #2 LAKELAND FL 33813	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 10 AM 9:24



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent LANCASTER, JOHN J 500 SOUTH FLORIDA AVENUE, SUITE 800 LAKELAND FL 33801		7. Name and Address of New Registered Agent 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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable		DATE _____	
9. Capital Contributions as Shown on record. \$15,000,000.00	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 #	P02000085394	STREET ADDRESS	
NAME	BAGLEY ENTERPRISES, INC.	CITY-ST-ZIP	
STREET ADDRESS	4200 FOREST HILLS DRIVE		
CITY-ST-ZIP	LAKELAND FL 33813		
DOCUMENT #		STREET ADDRESS	200048581042
NAME		CITY-ST-ZIP	03/17/05-01005-011 **526.25
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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: R. Howard Wiggs - R. HOWARD WIGGS 3.4.05 863.646.4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE