## 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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## FILED 2005 MAY -2 PM 1: 35 **DOCUMENT # A02000001081** BECKER B-14 GROVE, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2627 S. JENKINS ROAD 2627 S. JENKINS ROAD FT. PIERCE, FL 34981 FT. PIERCE, FL 34981 2. Principal Place of Business 3. Mailing Address Suite Apt.# etc. Suite, Apt. #, etc. 02032005 Cha-LP CR2E003 (10/03) City & State City & State Applied For 4. FEI Number 01-0740515 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hurley, Barbara HURLEY, BARBARA B Street Address (P.O. Box Number is Not Acceptable) 501 N - SWIM CIUD Drive 381 INDIAN HARBOR ROAD INDIAN RIVER SHORES, FL 32963 PH-A City <sup>zi</sup>3<sup>2</sup>963 Vero Beach 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. 9. Capital Contributions 10. Amount of Capital Contributions \$5,000.00 as Shown on record. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY L02000019290 DOCUMENT # STREET ADDRESS BECKER SISTERS MANAGEMENT, LLC NAME STREET ADDRESS 2627 S. JENKINS ROAD CITY-ST-7IP CITY-ST-ZIP FT. PIERCE, FL 34981 DOCUMENT # STREET ADDRESS 400055331754 05/25/05--01053--001 \*\*14 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET DORESS CITY-ST-ZIP CITY-S.- ZIP 14. I pereby certify that the information supplied with this filling 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