


2004 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2004


DOCUMENT # A03000000142		
1. Entity Name FBBA PARTNERS I, LLLP		

Principal Place of Business 300 S. ORANGE AVENUE, SUITE 900 ORLANDO, FL 32801	Mailing Address 300 S. ORANGE AVENUE, SUITE 900 ORLANDO, FL 32801
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
RODGERS, RICHARD A 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801	

FILED
04 APR 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04082004 Chg-LP CR2E003 (10/03)

4. FEI Number 43-1996834	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$453,000	10. Amount of Capital Contributions in FLORIDA to date. \$453,000
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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 #	P03000010794	STREET ADDRESS	
NAME	FBBA PARTNERS I, INC.	CITY-ST-ZIP	
STREET ADDRESS	300 S. ORANGE AVENUE, SUITE 900		
CITY-ST-ZIP	ORLANDO, FL 32801		
DOCUMENT #		STREET ADDRESS	300036059193
NAME		CITY-ST-ZIP	05/11/04--01056--004 **526.25
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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: 	4/ /04 407-926-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STAPLE CHECK HERE