


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 24 AM 10:51

DOCUMENT # A03000000220							
1. Entity Name BLUE RIVER HOLDINGS, LTD.							
Principal Place of Business 609 S. ATLANTIC DRIVE LANTANA, FL 33462			Mailing Address 609 S. ATLANTIC DRIVE LANTANA, FL 33462				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
				04092005 Chg-LP CR2E003 (10/03)			
				4. FEI Number 54-2096670			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BLUE RIVER MANAGEMENT, LLC C/O HARVEY COVE 609 S ATLANTIC DRIVE LANTANA, FL 33462			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$624,690.00		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 #	NAME		STREET ADDRESS				
	BLUE RIVER MANAGEMENT, LLC						
STREET ADDRESS	609 S. ATLANTIC DRIVE		CITY-ST-ZIP				
CITY-ST-ZIP	LANTANA, FL 33462						
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<p>500056267545 06/16/05--01090--025 **526.50</p>							
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: <i>Harvey Cove</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		05/24/05 5616530770			

STAPLE CHECK HERE