

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 31 AM 9:07

DOCUMENT # A0300000412  
1. Entity Name  
CROFUT'S BLACK GOLD LIMITED PARTNERSHIP



Principal Place of Business: 5750 FRUITVILLE RD. SARASOTA FL 34232  
Mailing Address: 5750 FRUITVILLE RD. SARASOTA FL 34232

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
4. FEI Number: 52-2274862  
Applied For:  Not Applicable

Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent  
MCGINNESS, W. LEE  
1800 SECOND STREET, STE. 971  
SARASOTA FL 34236

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$500.00

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  
DOCUMENT # L03000009171  
NAME BLACK GOLD MANAGEMENT, L.L.C.  
STREET ADDRESS 5750 FRUITVILLE RD.  
CITY-ST-ZIP SARASOTA FL 34232

13. ADDRESS CHANGES ONLY  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

DOCUMENT # \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

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STAPLE CHECK HERE

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: Ruelle M. Crofut  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-3-05  
Date

Daytime Phone #