


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

<b>DOCUMENT # A03000000628</b> 1. Entity Name <b>B &amp; L LAND HOLDINGS, LTD.</b>	
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**FILED**

**04 JUL 12 AM 10:40**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**MJH**

Principal Place of Business <b>39733 PRETTY POND ROAD ZEPHYRHILLS, FL 33540</b>	Mailing Address <b>5450 BRUCE B. DOWNS BOULEVARD #324 WESLEY CHAPEL, FL 33543</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

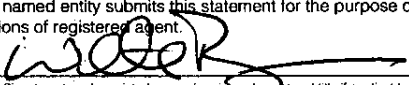


**07082004 Chg-LP CR2E003 (10/03) 7/12**

4. FEI Number <b>141880672</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> <b>WOOD, BRADLEY J 2639 NINTH STREET NORTH ST. PETERSBURG, FL 33704</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

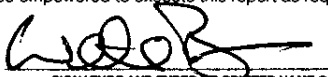
SIGNATURE  DATE **7-8-04**

9. Capital Contributions as Shown on record: <b>\$0.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	<b>P03000043428</b>	STREET ADDRESS	
NAME	<b>B &amp; L LAND MANAGEMENT, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>39733 PRETTY POND ROAD</b>		
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>		
DOCUMENT #		STREET ADDRESS	<b>000039687650</b>
NAME		CITY-ST-ZIP	<b>07/29/04--01031--001 **550.00</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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:  WALTER BARRONUEVO 7-8-04 813-220-1850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE