

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 FEB -6 PM 12:35

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # A03000000699**



1. Entity Name  
 CIRCLE BB RANCH, LTD.

Principal Place of Business: 14325 STATE ROAD 54, ODESSA, FL 33556  
 Mailing Address: 14325 STATE ROAD 54, ODESSA, FL 33556



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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

4. FEI Number: 35-2223098 Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYLWARD, ROBERT E ESQ.  
 600 SOUTH MAGNOLIA AVE., SUITE 100  
 TAMPA, FL 33606

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: \$250,000.00  
 10. Amount of Capital Contributions in FLORIDA to date: \$250,000

**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 #	P03000049948	STREET ADDRESS	
NAME	BEHNKE HOLDING CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	14325 STATE ROAD 54		
CITY-ST-ZIP	ODESSA, FL 33556		
DOCUMENT #		STREET ADDRESS	800029302638
NAME		CITY-ST-ZIP	02/24/04 01033 013 ***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: Carl E. Behnke 2-2-04 813-920-2962  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE