

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A03000000699

1. Entity Name
 CIRCLE BB RANCH, LTD.



SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB 20 AM 8:51

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

Mailing Address
 14325 STATE ROAD 54
 ODESSA, FL 33556

2. Principal Place of Business
 Suite, Apt. #, etc.
 14325 Black Lake Rd.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 14325 Black Lake Rd.
 City & State



02072006 Chg-LP CR2E003 (11/05)

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite 125
 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 *[Signature]* DATE 2/8/06

FILE NOW!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	P03000049948
NAME	BEHNKE HOLDING CORPORATION
STREET ADDRESS	14325 STATE ROAD 54
CITY-ST-ZIP	ODESSA, FL 33556
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	14325 Black Lake Rd.
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

100066803171
 02/28/06 01019 026 **500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-14-06 813-920-2962
 Date Daytime Phone #

STAPLE CHECK HERE