2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A03000000699

1. Entity Name CIRCLE BB RANCH, LTD.



FILED Apr 02, 2007 08:00 A Secretary of State

Principal Place of Business

14325 BLACK LAKE RD ODESSA, FL 33556 Mailing Address

14325 BLACK LAKE RD ODESSA, FL 33556



DO NOT WRITE IN THIS SPACE

03262007 No Chg-LP

CR2E003 (12/06)

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 125 TAMPA, FL 33606		DO NOT WRITE IN THIS SPACE	
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, typed or printed name of registered agent and title if applicable,			. DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P0300049948 BEHNKE HOLDING CORPORATION 14325 BLACK LAKE RD ODESSA, FL 33556		U00000687747 04/10/07-80052-013 500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			OT WRITE
DOCUMENT # NAME STREET ADDRESS		IN TH	IIS SPACE

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:

STAPLE CHECK HERE

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT /

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/28/07

813-920-296