2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

| <u> </u> | | eptember 7, 20 | 005 | ٦ | CRETARY OF STATE 1011 OF COMPORATION |
|--|--|---|--|---|--|
| 1. Entity Name | MENŤ # A0300000 | JU/4U . ™ | | 7] NIAI2 | 1011 OF CORPORATION |
| BVR INVE | STMENTS, LTD. | | | 05 | AUG -8 AM 10: 50 |
| Principal Place | of Business OLLIER BLVD. | Mailing Address 220 SOUTH COLLIER BLV | /D. | | |
| 601 MARCO ISLAND, FL 34145 | | 601 MARCO ISLAND, FL 34145 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | CR2E003 (10/03) |
| City & State | | City & State | | 4. FEI Number 35-2194087 | Applied For Not Applicable |
| Zip | Country | Zip | _Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| · · · · · · · · · · · · · · · · · · · | 6. Name and Address of Curre | ent Registered Agent | | 7. Name and Address of New Ro | egistered Agent |
| 202 | WILLIAM GESQ. LLIER BLVD. BLAND, FL 34145 | | | W. CARROLL (P.O. Box Number is Not Acceptable 20 S. COLLIE B.CO. T.S.A.N. | RIUD #-601 |
| 8. The above the obligate | one of registered agent. | / | egistered office or regist | ered agent, or both, in the State of Flo | rida. I am familiar with, and accept |
| 9. Capital Co | | 10. Amount of Capital | Contributions In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the | | |
| as Shown o | Sirrecord. | in FLORIDA to date | 200.0 | prior notice. STERED AND ACTIVE WITH TH | |
| 12. | NOTE: General Partners | MAY NOT be changed on the NER INFORMATION | form; an amendme | ent must be filed to change a ge ADDRESS CHA | neral partner. |
| DOCUMENT / CARROLL, C. WILLIAM | | NEW TWO OTHER PION | STREET ADDRESS | NOOTIEGO OLO | 3.020 |
| STREET ADDRESS CITY-ST-ZIP | 220 SOUTH COLLIER BLVD., MARCO ISLAND, FL 34145 | SUITE 601 | CITY-ST-ZIP | | <u>8534815</u> |
| DOCUMENT # | | | STREET ADORESS | 08/12/0501 | 051015 **526.25 |
| STREET ADORESS - CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| DOCUMENT F NAME | | | STREET ADDRESS | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| DOCUMENT # NAME | | | STREET ADORESS | | |
| STREET ADORESS CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS | | | STREET ADDRESS | | |
| | | | CITY-ST-ZIP | | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | |
| 14. I hereily of indicated the receiver | certify that the information supplied on this report is true and accurate wer or trustee empowered to execut | with this filling does not qualify for t and that my signature shall have the e this report as required by Chante | the exemption stated in the same legal effect as it as 620, Florida Statutes | Section 119.07(3)(i), Florida Statutes. If made under oath; that I am a General | further certify that the information of Partner of the limited partnership |
| SIGNAT | URE: | D OF PRINTED NAME OF SIGNENG GENERAL | | ILLIAM CARROLL 7/0 | 5 239/642-87 |