

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

05 MAY -6 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A03000001010</b> 1. Entity Name HORSE CREEK PARTNERS, LTD.					
Principal Place of Business 1166 DIMOCK LANE NAPLES, FL 34110 US		Mailing Address 1166 DIMOCK LANE NAPLES, FL 34110 US			
2. Principal Place of Business 870 111th Ave N.		3. Mailing Address SAME			
Suite, Apt. #, etc. 1		Suite, Apt. #, etc.			
City & State Naples, FL		City & State			
Zip 34108		Country Collier		4. FEI Number 77-0597668	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  SCHIFFMAN, ALAN T 1166 DIMOCK LANE NAPLES, FL 34110			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 870 111th Ave N. Suite 1 City Naples FL Zip Code 34108		
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 <u>ALAN SCHIFFMAN</u> DATE _____ <small>Signature typed or printed name of registered agent and date if applicable.</small>					
9. Capital Contributions as Shown on record. \$10,000.00			10. Amount of Capital Contributions in FLORIDA to date. 2,010,000.00		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # L02000013242 NAME BBMP, LLC STREET ADDRESS 1166 DIMOCK LANE CITY-ST-ZIP NAPLES, FL 34110			STREET ADDRESS 870 111th Ave N., Suite 1 CITY-ST-ZIP Naples, FL 34108		
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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: <u>ALAN SCHIFFMAN</u> 3/30/03 239-597-2666 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE

\$535.00