


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000001503		
1. Entity Name B.M. GLASS INVESTMENTS, LTD.		
Principal Place of Business 3280 RUM ROW NAPLES FL 34102	Mailing Address 3280 RUM ROW NAPLES FL 34102	



1ST MOORE CR2E003 (10/04)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 83-0376501		Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent LAW, LESTER B ESQ. C/O GRANT, FRIDKIN, ET AL 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 34108		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 Instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. \$25,000,000.00	10. Amount of Capital Contributions in FLORIDA to date	

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 # NAME STREET ADDRESS CITY - ST - ZIP	P03000118607 B.M. GLASS INVESTMENTS, INC. 3280 RUM ROW NAPLES FL 34102	STREET ADDRESS CITY - ST - ZIP	
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04/18/05-80158-002 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Bridget M. Glass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/10/05 608 935 3324
Date Daytime Phone #

STAPLE CHECK HERE