
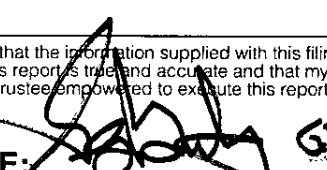


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 12 AM 10:38

| | | | | | |
|---|-------------------------|-------------------|---|---|--|
| DOCUMENT # A03152 | | | |  | |
| 1. Entity Name FIVE B'S REALTY LTD. | | | | | |
| Principal Place of Business % GEORGE BULL 1937 SEVILLA BLVD W ATLANTIC BEACH FL 32233 | | | Mailing Address % GEORGE BULL 1937 SEVILLA BLVD W ATLANTIC BEACH FL 32233 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1421173 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BULL, GEORGE JR 1937 SEVILLA BLVD WEST ATLANTIC BEACH FL 32233 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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, typed or printed name of registered agent and title if applicable. DATE _____ | | | | | |
| 9. Capital Contributions as Shown on record. | | \$5,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | | | | | |
| 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 | 04/27/04--01005--003 **141.25 | |
| STREET ADDRESS | BULL, GEORGE JR. | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | 1937 SEVILLA BLVD. WEST | | | | |
| | ATLANTIC BEACH FL | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | 320 Highbrook Dr. | |
| STREET ADDRESS | WILDT, BEVERLY B | | CITY-ST-ZIP | ATLANTA, GA 30342 | |
| CITY-ST-ZIP | 313 PHEASANT RUN | | | | |
| | PONTE VERDE FL | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | | | | | |
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| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | | | | | |
| 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 included 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:  | | | GEORGE BULL JR. | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date 4/5/04 Daytime Phone # 1904/246-4469 | | |



MOORE CR2E003 (11/03)

STAPLE CHECK HERE