


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -9 AM 11:27

DOCUMENT # A04000000417 1. Entity Name B & S INVESTMENTS OF VOLUSIA COUNTY, LTD.					
Principal Place of Business 315 FLAGLER AVENUE NEW SMYRNA BEACH, FL 32168			Mailing Address 315 FLAGLER AVENUE NEW SMYRNA BEACH, FL 32168		
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 20-0558640		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			7. Name and Address of New Registered Agent		
HOUNSOM, SUSAN 315 FLAGLER AVENUE NEW SMYRNA BEACH, FL 32168			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record: \$7,000.00		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		
STREET ADDRESS	315 FLAGLER AVENUE		CITY-ST-ZIP		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169				
DOCUMENT #	NAME		STREET ADDRESS	315 Flagler Ave	
STREET ADDRESS	SEMENTELLI, ROBERT		CITY-ST-ZIP	New Smyrna Bch FL 32169	
CITY-ST-ZIP	5275 S. ATLANTIC AVENUE, #204 NEW SMYRNA BEACH, FL 32169				
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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 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: <i>SS Hounsom</i>			2/03/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE