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

SIGNATURE:

	DUE BY M	AY 1, 2005		_
1. Entity Nar	DOCUMENT # A0400000720 1. Entity Name BIG BEAR FISHING, LLLP			SECRETARY OF STATE DIVISION OF CORPORATIONS
BIG BEA	R FISHING, LLLP			05 FEB 28 AM 10: 39
1819 SHOR	ce of Business E DRIVE SOUTH NA FL 3 307で 7 <u>33</u> 7 57	Mailing Address 1819 SHORE DRIVE SOUTH UNIT 304 S. PASADENA FL 3255		
2. Principal l	Place of Business	3. Mailing Address		
Suite, Apt	*, etc. 304	Suite, Apt. #, etc. 304		1ST MOORE CR2E003 (10/04)
City & Sta	•	City & State		4. FEI Number Applied For 32010 409 Not Applicable
Zip 33	707 Pinellas 6. Name and Address of Current	33/07 P	inethas	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent
		negistered Agent	Name	7. Name and Address of New Registered Agent
181	GRADY, BARRY J 1819 SHORE DRIVE SOUTH			(P.O. Box Number is Not Acceptable)
	UNIT 304 S. PASADENA FL 3307		City	
				FL Zip Code
in the Stat	8. The above named entity submits this statement for the purpose of changing its in the State of Florida. I am familiar with, and accept the obligations of registered SIGNATURE Signature, typed or printed name of registered agent and late f applicable 9. Capital Contributions 10. Amount of Capital			11. FILE: NOW!!! Due by May 1; 2005. See Block 11 instructions for fee into
	on record. S0.00	in FLORIDA to date. HAT IS A BUSINESS ENTITY	MUST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE.
	NOTE: General Partners MA	Y NOT be changed on the fo	rm; an amendme	ent must be filed to change a general partner.
DOCUMENT #	GENERAL PARTNER	RINFORMATION 1	3.	ADDRESS CHANGES ONLY
NAME	GRADY, BARRY J	S	TREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	1819 SHORE DRIVE SOUTH S. PASADENA FL 3307	c	TITY-ST-ZIP	
DOCUMENT / NAME	GRADY, JANET M	s	TREET ADDRESS	600047875496 03/08/0501012010 **141.25
CITY-ST-ZIP DOCUMENT #	1819 SHORE DRIVE SOUTH S. PASADENA FL 3307	c	ITY-ST-ZIP	
NAME STREET ADDRESS			TREET ADDRESS	
CITY-ST-ZIP DOCUMENT			ITY-ST-ZIP	
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H DOCUMENT		S	TREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		c	ITY-ST-ZIP	
14. I hereby indicate the rece	certify that the information supplied with d on this report is true and accurate and iver or trustee empowered to execute thi	this filing does not qualify for the e that my signature shall have the sa s report as required by Chapter 62	xemption stated in S ime legal effect as if 0, Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or

727 864-199) 727-344-4226 Daylime Phone 8

2-22-05 Date