



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 17 AM 9:39

DOCUMENT # A04000000797					
1. Entity Name B4 FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 2600 FAIRWAY ISLAND DRIVE WELLINGTON, FL 33414			Mailing Address 2600 FAIRWAY ISLAND DRIVE WELLINGTON, FL 33414		
2. Principal Place of Business 2930 Hurlingham Drive Suite, Apt. #, etc.		3. Mailing Address 2930 Hurlingham Drive Suite, Apt. #, etc.			
City & State Wellington, FL		City & State Wellington, FL		4. FEI Number 20-1123580	
Zip 33414		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELLISSIMO, MARK J 2600 FAIRWAY ISLAND DRIVE WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name: <u>Bellissimo, Mark J</u> Street Address (P.O. Box Number is Not Acceptable): <u>2930 Hurlingham Drive</u> City: <u>Wellington</u> FL Zip Code: <u>33414</u>		
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>[Signature]</u> DATE: _____					
9. Capital Contributions as Shown on record. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,200,000			
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	2930 Hurlingham Drive	
NAME	BELLISSIMO, MARK J		CITY-ST-ZIP	Wellington, FL 33414	
STREET ADDRESS	2600 FAIRWAY ISLAND DRIVE		STREET ADDRESS	600061799196	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	11/30/05--01050--005 **926.25	
DOCUMENT #	NAME		STREET ADDRESS	REINSTATEMENT 2005	
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
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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: <u>[Signature]</u>			Date: _____ Daytime Phone #: _____		

STAPLE CHECK HERE