2005 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2005** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A04000000913** 1. Entity Name B & G INVESTMENT PARTNERS OF FLORIDA, LTD. 05 MAR -4 AM 9:53 Principal Place of Business Mailing Address 296 OSPREY POINT DRIVE 296 OSPREY POINT DRIVE OSPREY, FL 34229 OSPREY, FL 34229 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282005 Chq-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 20 122 73 90 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGHES, WESLEY E Street Address (P.O. Box Number is Not Acceptable) 296 OSPREY POINT DRIVE OSPREY, FL 34229 City Zip Code FL 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. 10. Amount of Capital Contributions

Contributions

Contributions

4,000,000-DATE 9. Capital Contributions 00 \$4,000,000.00 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 ADDRESS CHANGES ONLY 13. DOCUMENT # STREET ADDRESS HUGHES, WESLEY E NAME <del>600048121316</del> 03/10/05--01007--004 \*\*535,00 STREET ADDRESS 296 OSPREY POINT DRIVE CITY-ST-ZIP OSPREY, FL 34229 CITY-ST-ZIF DOCUMENT # STREET ADORESS HUGHES, BRENDA A NAME STREET ADDRESS 296 OSPREY POINT DRIVE CITY-ST-ZIP CITY-ST-ZIP OSPREY, FL 34229 DOCUMENT # STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 it 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

CITY-ST-ZIP

STREET ADDRESS

Noliz & Dughe, SIGNATURE (NO TYPED OR PRINTED MANE OF SIGNING GENERAL PARTNER

STAPLE

DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS