

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 20 AM 8:33

DOCUMENT # A04000001641

1. Entity Name
BEDFORD FAMILY LIMITED PARTNERSHIP



Principal Place of Business
17607 ESPRIT DRIVE
TAMPA, FL 33647

Mailing Address
17607 ESPRIT DRIVE
TAMPA, FL 33647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112005

Chg-LP

CR2E003 (10/03)

4. FEI Number

20-1764688

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENNIS HERNANDEZ & ASSOCIATES, P.A.
3339 W. KENNEDY BOULEVARD
TAMPA, FL 33609

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.

\$350,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$349,859.91

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

DOCUMENT # F04000005944
NAME SCARLET INVESTMENT MANAGEMENT, INC.
STREET ADDRESS 101 CONVENTION CENTER DRIVE SUITE 700
CITY-ST-ZIP LAS VEGAS, NV 89109

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS

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: JOHN BEDFORD, PRESIDENT, SCARLET INVESTMENT MANAGEMENT, INC. 1/14/2005 (813) 973-8439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE