

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

DOCUMENT # A04000001705						RECEIVED 05 AUG 22 AM 9:21 WL 08/22/05 SECRETARY OF STATE TALLAHASSEE, FL 32399	
1. Entity Name THE BIRCHWOOD GROUP, LTD				Principal Place of Business 4370 SOUTH TAMiami TRAIL, SUJITE 312 SARASOTA FL 34231			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$9.75 Additional Fee Required		1ST MOORE CR2E003 (10/04)	
6. Name and Address of Current Registered Agent GORDON, DAVID L 4370 SOUTH TAMiami TRAIL, SUJITE 312 SARASOTA FL 34231				7. Name and Address of New Registered Agent 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						11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
9. Capital Contributions as Shown on record.		\$5,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.		100059176311 08/31/05--01032--024 **526.25	
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 CITY- ST- ZIP				STREET ADDRESS CITY- ST- ZIP			
THE BIRCHWOOD GROUP, L.L.C. 4370 SOUTH TAMiami TRAIL, SUJITE 312 SARASOTA FL 34231							
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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>David L Gordon</i> DAVID L GORDON 7-19-05 941-922-9508 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							

STAPLE CHECK HERE