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

	1. Entity Nam	е	# A12973					SECRETARY OF STATE DIVISION OF CORPORATIONS 05 FEB 18 AM 8: 13			
	Principal Place of Business P.O. BOX 546 MELROSE FL 32666				Mailing Address P.O. BOX 546 MELROSE FL 32666				,	17 8: 13	
Ì	2. Principal P	. Principal Place of Business			3. Mailing Address						
	Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.		·	1ST MOORE CR2E003 (10/04)		(10/04)	
	City & State				City & State			4. FEI Number 59-2517735 Applied For Not Applicable 5. Certificate of Status Desired Sa.75 Additional Fee Required			
	Zip	Zip Country			Zip Countr		ntry				
ļ	6. Name and Address of Current Registered Ag				istered Agent		7. Name and Address of New Registered Agent Name				
	303	GPRDON, W.K. 303 S.R. 26 MELROSE FL 32666					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 regin the State of Florida. I am familiar with, and accept the obligations of registered accept the obligations.							tered agent, or both,	11. FILE NOW!!! Due	by May 1, 2005.	
	Signature, typed or printed name of registered agent and title if applicable						DATE		See Block 11 inst	ructions for fee info.	
	9. Capital Contributions as Shown on record. \$60,929.32 10. Amount of Capital Contributions in FLORIDA to date.								.0240		
	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.									rtner.	
	DOCUMENT #							Al	DDRESS CHANGES ON	LY	
	NAME	BACARIS,		·			EET ADORESS				
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	STREET ADDRESS CITY-ST-ZIP					CIT	Y-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 informatic 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 partnersh the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes									rtify that the information f the limited partnership or	
	SIGNAT	TURE:	SIGNATURE AND	TYPED OH PRI	CALLA ITED NAME OF SIGNING G	ENERAL PARTN	IER	2/3/	OS CONTRACTOR OF THE CONTRACTO	Daytime Phone €	