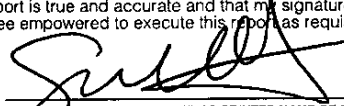


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 04, 2005 8:00 am
Secretary of State

DOCUMENT # A20653 1. Entity Name BARNACLE BAY PARTNERS LIMITED					
Principal Place of Business 204-A ELLEN LANE PANAMA CITY BEACH, FL 32408-5830			Mailing Address 204-A ELLEN LANE PANAMA CITY BEACH, FL 32408-5830		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		03222005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-2657198				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAKSTEIN, GARY 204-A ELLEN LANE PANAMA CITY BEACH, FL 32408-5830			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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$990.00			10. Amount of Capital Contributions in FLORIDA to date.		
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		
NAME	STREET ADDRESS		CITY - ST - ZIP		
CITY - ST - ZIP	PANAMA CITY BEACH, FL 324085830				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	STREET ADDRESS		CITY - ST - ZIP		
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME	STREET ADDRESS		CITY - ST - ZIP		
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CITY - ST - ZIP					
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NAME	STREET ADDRESS		CITY - ST - ZIP		
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME	STREET ADDRESS		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: 			Date: 3/22/05 Daytime Phone #: 850-234-6112		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

[Handwritten mark]



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