2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Apr 22, 2004 08:00 AM Secretary of State

DOCUMENT # A31919^ **					Secretary of State			
1. Entity Name B & G RESORT PROPERTIES, LTD.						•		
Principal Place of Busin	iness	Mailing Address						
12 BELLEVUE DRIVE		12 BELLEVUE DRIVI	12 BELLEVUE DRIVE					
TREASURE ISLAND, F	L 32/06	TREASURE ISLAND,	tt 32/00		f)=VIE(((Mas	···목: ((조(명 (명)	· E(E) E(E)	MI=44 =4=44
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt # etc.		04192004	Chg-LP	CR2E00	3 (10/03)	
City & State		City & State		4. FEI Number 59-3080			Applied For	
Zip Country		Zip	Zip Country			f Status Desired		8.75 Additional
6. N	ame and Address of Current	Registered Agent			7. Name and	Address of New F		
MELL, JOHN 12 BELLEVUE DR. TREASURE ISLAND, FL 33706				Name Street Address (P.O. Box Number is Not Acceptable)				
a The straig parent	entity submits this statement fo	- " - market of changing	4inter	-Eff an massing an	11 1	4 Ctota of El		The second second
the obligations of re	egistered agent	and trie if applicable					DATE	
9. Capital Contribution as Shown on record	ns	10. Amount of Ca		butions				
	A GENERAL PARTNER T	<u></u>		IUST BE REGIST	FERED AND A	CTIVE WITH TH	IIS OFFICE	
NO	TE: General Partners MA	Y NOT be changed or	n the forn	ı; an amendmen		l to change a g	eneral parti	ner.
12. DOCUMENT + \$7598	GENERAL PARTNER	INFORMATION	13.			ADDRESS CH	ANGES ONL	<u> </u>
1	B&G RESORTS MGMT., INC.		STA	ET ADDRESS				
	12 BELLEVUE DRIVE TREASURE ISLAND, FL		cm	'- ST- <i>Z</i> IP	U00000139803 - 04/29/04-88136-805-526, 25			
DOCUMENT * MELL,	, ЈОНИ Ј.		STR	EET ADDRESS		011/ COL DA		UU3 368.63
] '	LLEVUE DRIVE SURE ISLAND, FL		СП	'- ST - ZIF				
DOUDMENT #			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			сm	' - ST - <i>Z</i> IP				·
DOCUMENT # NAME			STA	EET AODRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP				
DECUMENT # NAME			518	EE) ADDRESS				
STREET ADDRESS CITY - S3 - ZIP			ÇITY	-ST-ZIP				
DOCUMENT # NAME			STR	FET ADDRESS				
STREET ADDRESS CITY+ST-ZIP			CITY	-ST-ZIP				
14. I hereby certify the indicated on this re	at the information supplied with report is true and accurate and stee empowered to execute thi	that my signature shall ha	ave the sam	e legal effect as if m	ction 119 07(3)(i) nade under oath;	. Florida Statutes. that I am a Gener	I further certif al Partner of the	y that the information ne limited partnership