



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A31919 1. Entity Name B & G RESORT PROPERTIES, LTD.					
Principal Place of Business 12 BELLEVUE DRIVE TREASURE ISLAND, FL 32706			Mailing Address 12 BELLEVUE DRIVE TREASURE ISLAND, FL 32706		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3080010	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MELL, JOHN 12 BELLEVUE DR. TREASURE ISLAND, FL 33706				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,000,000.00			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 #	S75989		STREET ADDRESS		
NAME	B&G RESORTS MGMT., INC.		CITY-ST-ZIP		
STREET ADDRESS	12 BELLEVUE DRIVE				
CITY-ST-ZIP	TREASURE ISLAND, FL				
DOCUMENT #			STREET ADDRESS		
NAME	MELL, JOHN J.		CITY-ST-ZIP		
STREET ADDRESS	12 BELLEVUE DRIVE				
CITY-ST-ZIP	TREASURE ISLAND, FL				
DOCUMENT #			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
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)(f), 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>John J. Mell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date 4-19-05		

STAPLE CHECK HERE