## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## FILED Apr 24, 2006 08:00 AN Secretary of State

Daytime Phone #

1	DOCL	15.4	ENIT	11 A	24	0.4	n
1	или	шл	-NI	# <i>F</i>	VOI	9	ы

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



## DO NOT WRITE IN THIS SPACE

04272006 No Chg-LP CR2E003 (11/05)

4. FEI Number Applied For S9-3080010 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELL, JOHN 12 BELLEVUE DR. TREASURE ISLAND, FL 33706

STAPLE CHECK HERE

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its re- tions of registered agent.	gistered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.		DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	00	
	A GENERAL PARTNER THAT IS A BUSINESS ENTI- NOTE: General Partners MAY NOT be changed on the		
12.	GENERAL PARTNER INFORMATION		
DOCUMENT#	S75989		
NAME	B&G RESORTS MGMT., INC.		
STREET ADDRESS	12 BELLEVUE DRIVE		1 1/m, m, m
CITY-ST-ZIP	TREASURE ISLAND, FL		U00000533300
DOCUMENT #			05/06/06-80103-023 500.0
NAME	MELL, JOHN J.		
STREET ADDRESS	12 BELLEVUE DRIVE		
CITY-ST-ZIP	TREASURE ISLAND, FL		
DOCUMENT #			
NAME		DO 11	OT MOITE
STREET ADDRESS		א סם	OT WRITE
CITY-ST-ZIP		11 T	UO ODAOE
DOCUMENT #			IIS SPACE
NAME			
STREET ADDRESS			
City-St-Zip			
DOCUMENT#			
NAME			
STREET ADDRESS			
CITY+ST-ZIP		,	
DOCUMENT#			
NAME			
STREET ADDRESS			
CITY · ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER