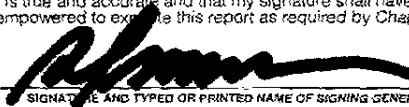


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004**

**FILED
Jul 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # A32635					
1. Entity Name B & F PURCHASING LTD.					
Principal Place of Business 9868 SANDALFOOT BLVD. BOCA RATON, FL 33428			Mailing Address 505 S. FLAGLER DRIVE, SUITE 401 WEST PALM BEACH, FL 33401 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07022004 Chg-LP CR2E003 (10/03) 4. FEI Number 65-0314358 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEST RIDGE SOUTH, INC. 505 S. FLAGLER DRIVE, SUITE 401 WEST PALM BEACH, FL 33401			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 \$10.00		10. Amount of Capital Contributions in FLORIDA to date		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	V17888		STREET ADDRESS		
NAME	WEST RIDGE SOUTH, INC.		CITY-ST-ZIP		
STREET ADDRESS	505 S. FLAGLER DRIVE, SUITE 401			U00000166836 07/16/04-80014-012 141.25	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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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. 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: 		SHELDON FROMSON		7/7/04 561-832-3200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	

STAPLE CHECK HERE