

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By-September 6, 2006**

**FILED  
Jul 25, 2006 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**



07052006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0314358</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WEST RIDGE SOUTH, INC.  
505 S. FLAGLER DRIVE, SUITE 401  
WEST PALM BEACH, FL 33401**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**U00000572305**  
**07/25/06-80025-006 500.00**  
DATE

**FILE NOW!!! FEE IS \$500.00  
Due by September 6, 2006**

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**

DOCUMENT #	V17888
NAME	WEST RIDGE SOUTH, INC.
STREET ADDRESS	505 S. FLAGLER DRIVE, SUITE 401
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

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**DO NOT WRITE  
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STAPLE CHECK HERE

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: *Sheldon Fromson* **SHELDON FROMSON** 7/18/06 5618323200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #