
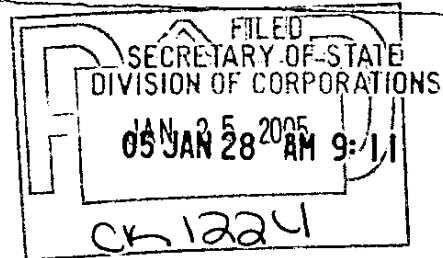


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # A33069		
1. Entity Name BB PALATKA LTD.		

Principal Place of Business 523 MICHIGAN AVENUE MIAMI BEACH FL 33139	Mailing Address 523 MICHIGAN AVENUE MIAMI BEACH FL 33139
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



gls

1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0381980	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRYD, JONATHAN 523 MICHIGAN AVE. MIAMI BEACH FL 33139		7. Name and Address of New Registered Agent	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$15,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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11. FILE NOW!!! Due by May 1, 2005.
 See Block 11 instructions for fee info.

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 #	P94000053554	STREET ADDRESS	
NAME	CAFY CORP.	CITY-ST-ZIP	
STREET ADDRESS	523 MICHIGAN AVE.		
CITY-ST-ZIP	MIAMI BEACH FL 33139		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 02/07/05--01032--002 **193.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jonathan Fryd

Jonathan fryd

1/29/05

3056732948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE