

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A33303</b> 1. Entity Name <b>BIG BEAR LIMITED PARTNERSHIP</b>			
Principal Place of Business P.O. BOX 15707 WEST PALM BEACH FL 33416		Mailing Address P.O. BOX 15707 WEST PALM BEACH FL 33416	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-6098603</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MERCURIO, JOHN F 1441 N. MILITARY TRAIL WEST PALM BEACH FL 33409</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$125,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	1441 NORTH MILITARY TR.	CITY - ST - ZIP	<b>000000114963</b>
CITY - ST - ZIP	WEST PALM BEACH FL		<b>04/16/04-80005-007 526.25</b>
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	MERCURIO, VINCENT	CITY - ST - ZIP	
CITY - ST - ZIP	2855 DONALD ROAD		
	LAKE WORTH FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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STREET ADDRESS		CITY - ST - ZIP	
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)(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: 		Partner <b>4-6-04 561-686-6677</b>	

STAPLE CHECK HERE