2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

	Due By May 1, 2006					FILED			
	DOCUMENT # A9400000678 Entity Name B SURF, LTD.					SMAY - I	AĤ '81	•	
	Principal Place of Business 2800 DELANO ST PENSACOLA, FL 32505	ELANO ST P.O. BOX 940			TAL	ECRETARY LLAHASS	EE FLOI	RIDA	
	2. Principal Place of Business -10 Sa Hh Palafox P1 3. Mailing Address								
Ī	Suite, Apt. #, etc.	Suite, Apt. #, etc.		03292006	Chg-LP	CR2E	003 (11/05)		
Ì	Pensacola, FL	City & State	City & State		4. FEI Number 59-3243			Applied For Not Applicable	
Ī	32502 Country	Zip	Country			f Status Desired		\$8.75 Additional Fee Required	
-	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New	Registered	<u> </u>	
	BRANNEN, DAVID A 2800 DELANO ST. PENSACOLA, FL 32505			Street Address (P.O. Box Number is Not Asseptable) Pl Suite 500 City Oc 0500 010 FL Zip Code					
	Signature: typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00				ed agent, or both	, in the State of	Florida. 1 am BJ31 D DATE	familiar with, and accept	
ŀ	After May 1, 2006, Fee will be \$900.00 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.			r; an amenument must be filed to change a general partner. ADDRESS CHANGES ONLY					
	STREET ADDRESS P.O. BOX 940	BRANNEN INVESTMENTS, INC. P.O. BOX 940		TREET ADDRESS ITY-ST-ZIP					
CHECK HERE	GULF BREEZE, FL 32562 DOCUMENT# P94000042413	GULF BREEZE, FL 32562 P94000042413		EET ADORESS					
	NAME BRANNEN HOLDINGS, INC. STREET ADDRESS P.O. BOX 940 CITY-ST-ZIP GUI F BREEZE, FI 32562	P.O. BOX 940		r-ST-ZIP					
	CITY-ST-ZIP GULF BREEZE, FL 32562 DOCUMENT# NAME		STR	EET ADDRESS	900075013089 05/22/06==01007==018==**500.00				
	STREET ADDRESS CITY-ST-ZIP		CITY	/-ST-ZIP	- VJI 6.6.		0101 6	*************************************	
	DOCUMENT # NAME		STR	EET ADDRESS					
	STREET ADORESS CITY-ST-ZIP		¢in	r-ST-ZIP					
	DOCUMENT # NAME STREET ADDRESS		STR	EET ADDRESS					
	CITY-ST-ZIP		CITY	Y-ST-ZIP					
STABLE	DOCUMENT # NAME		STR	EET ADDRESS					
•	STREET ADDRESS CITY-ST-ZIP			r-ST-ZIP					
	14. Thereby 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: SIGNATURE AND TYPED OR PRINTED KAME OF SKINING GENERAL PARTNER Date Date Despiring Prone #								Deytime Phone #	