


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 25, 2008 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| <b>DOCUMENT # A95000000687</b>   |  |
| 1. Entity Name<br>BVP, LTD.  |  |
|       |  |
| Principal Place of Business<br>5596 WEST NORVELL BRYANT HWY<br>CRYSTAL RIVER, FL 34429 | Mailing Address<br>5596 WEST NORVELL BRYANT HWY<br>CRYSTAL RIVER, FL 34429 |



02112008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>59-3318236  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

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

PARIKH, BHARAT V  
5596 WEST NORVELL BRYANT HWY  
CRYSTAL RIVER, FL 34429

**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.

000000863570  
04/09/08-80055-011 500.00

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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**

|                |                              |
|----------------|------------------------------|
| DOCUMENT #     |                              |
| NAME           | PARIKH, BHARAT V             |
| STREET ADDRESS | 5596 WEST NORVELL BRYANT HWY |
| CITY-ST-ZIP    | CRYSTAL RIVER, FL 34429      |
| DOCUMENT #     |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| DOCUMENT #     |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| DOCUMENT #     |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| DOCUMENT #     |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE