


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
May 11, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # A9600000928</b>							
1. Entity Name JOHN C. BILLS ENTERPRISES, LTD.							
Principal Place of Business 3950 RCA BLVD. #5000 PALM BEACH GARDENS, FL 33410			Mailing Address 3950 RCA BLVD. #5000 PALM BEACH GARDENS, FL 33410				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 65-0666014			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GARY, JOHN W III 701 U.S. HWY. ONE, STE. 402 NORTH PALM BEACH, FL 33408			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>							
9. Capital Contributions as Shown on record. \$978,749.00		10. Amount of Capital Contributions in FLORIDA to date. <i>978,749.00</i>					
<b>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.</b>							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	P96000041784		STREET ADDRESS				
NAME	JOHN C. BILLS ENTERPRISES, INC.		CITY-ST-ZIP				
STREET ADDRESS	3950 RCA BLVD #5000						
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410						
DOCUMENT #			STREET ADDRESS	1100000365489			
NAME			CITY-ST-ZIP	05/11/05-80003-030 526.25			
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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: <i>[Signature]</i>		Jim Griffin		4-14-05 561-627-7551			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>			



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