


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

DOCUMENT # A97000000119			
1. Entity Name B.A.S. LTD.			
Principal Place of Business 4612 ASHTON RD. SARASOTA FL 34233		Mailing Address 4612 ASHTON RD. SARASOTA FL 34233	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 21 AM 8:26

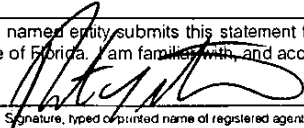


1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0727796		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 MITCHELL, THOMAS E 4612 ASHTON RD SARASOTA FL 34233		7. Name and Address of New Registered Agent Name Robert T. Mitchell Street Address (P.O. Box Number is Not Acceptable) 4612 Ashton Road Sarasota, FL 34233 City Sarasota FL Zip Code 34233	
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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  **ROBERT T. MITCHELL**
Signature, typed or printed name of registered agent and title if applicable

DATE

01/19/05

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$1,551,550.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	L03000040485	STREET ADDRESS	
NAME	BLUE GOOSE, LLC	CITY-ST-ZIP	000045696610 01/31/05--01036--003 **526.25
STREET ADDRESS	4612 ASHTON RD.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34233	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		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:  **Robert T. Mitchell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01/19/2005

Date

941-921-4696

Daytime Phone #

STAPLE CHECK HERE