


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

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001151	
1. Entity Name BEED INVESTMENT GROUP LTD.	

Principal Place of Business 100 LAKESHORE DRIVE, UNIT 1057 NORTH PALM BEACH FL 33408	Mailing Address 100 LAKESHORE DRIVE, UNIT 1057 NORTH PALM BEACH FL 33408
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent DWOSKIN, RICHARD 100 LAKESHORE DRIVE, UNIT 1057 NORTH PALM BEACH FL 33408	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,980,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	NAME	STREET ADDRESS	
NAME	DWOSKIN, RICHARD	CITY - ST - ZIP	
STREET ADDRESS	12 WYCLIFF ROAD		
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	DWOSKIN, JUDITH	CITY - ST - ZIP	
STREET ADDRESS	151 EAST 83RD STREET		
CITY - ST - ZIP	NEW YORK NY 10028		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
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: Judith Dwoskin **JUDITH DWOSKIN** 3/19/04 561-775-9655

STAPLE CHECK HERE