


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

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # A97000001781			
1. Entity Name MORAR FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 2706 ORLANDO DRIVE SANFORD, FL 32773-5312		Mailing Address 2706 ORLANDO DRIVE SANFORD, FL 32773-5312	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KANE, STEVEN H ESQ. 1061 MAITLAND CENTER COMMONS, STE. 106 MAITLAND, FL 32751		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 title if applicable.</small>			
9. Capital Contributions as Shown on record. \$974,000.00		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 #	P97000063296	STREET ADDRESS	
NAME	BSM PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	2706 ORLANDO DRIVE		
CITY-ST-ZIP	SANFORD, FL 327735312		
DOCUMENT #		STREET ADDRESS	1100000125238
NAME		CITY-ST-ZIP	01/21/05-80008-003 526.25
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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: <i>[Signature]</i>		Date: 1/11/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	



STAPLE CHECK HERE