

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 15 AM 9:42

DOCUMENT # A97000002386 1. Entity Name BEC INVESTMENTS, LTD.					
Principal Place of Business 16375 N.E. 18TH AVE., #300 N. MIAMI BEACH, FL 33162			Mailing Address 16375 N.E. 18TH AVE., #300 N. MIAMI BEACH, FL 33162		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0789543	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAPIRO, IRA R. 16375 N.E. 18 AVE., #225 N MIAMI BEACH, FL 33162			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. \$40,000.00		10. Amount of Capital Contributions in FLORIDA to date. 40,000			
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 #	P97000092137		STREET ADDRESS		
NAME	AJG INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	16375 N.E. 18TH AVE., #300		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH, FL 33162		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			3-1-05 3059400377 <small>Date Daytime Phone #</small>		

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