



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

DOCUMENT # A97000002783		
1. Entity Name PBP PARTNERS, LTD.		

Principal Place of Business 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES FL 34108	Mailing Address 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES FL 34108
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2. Principal Place of Business 800 Laurel Oak Dr. Suite, Apt. #, etc. Suite 300 City & State Naples FL Zip 34108	3. Mailing Address 800 Laurel Oak Dr. Suite, Apt. #, etc. Suite 300 City & State Naples FL Zip 34108	Country USA
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FILED
 2005 APR -6 PM 4:33
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA


1ST MOORE CR2E003 (10/04)

4. FEI Number 59-3483953	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATHAN, G. HELEN ESQ. 5551 RIDGEWOOD DRIVE, SUITE 203 NAPLES FL 34108	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5551 Ridge wood Drive, Suite 501 City Naples FL Zip Code 34108	

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. \$50,000.00

10. Amount of Capital Contributions in FLORIDA to date. 0

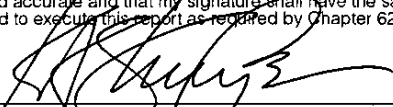
11. FILE NOW!!! Due by May 1, 2005.
 See Block 11 instructions for fee info.

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 #	P97000105983	STREET ADDRESS	800 Laurel Oak Dr. # 300
NAME	SIGPOINTE, INC.	CITY-ST-ZIP	Naples FL 34108
STREET ADDRESS	5551 RIDGEWOOD DRIVE, SUITE 203		
CITY-ST-ZIP	NAPLES FL 34108		
DOCUMENT #		STREET ADDRESS	
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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:  3/30/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE