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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A98000000601

1. Entity Name
BFC PARTNERSHIP, LIMITED

Principal Place of Business	Mailing Address
2342 GLENFINNAN DRIVE ORANGE PARK, FL 32073	P.O. BOX 2211 ORANGE PARK, FL 32067

04262004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-2393249 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMALLWOOD, KENNETH E 2342 GLENFINNAN DRIVE ORANGE PARK, FL 32073	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
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$2,802,289.00	$437.50

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 #		STREET ADDRESS	
NAME	SMALLWOOD, KENNETH E	CITY-ST-ZIP	
STREET ADDRESS	2342 GLENFINNAN DR		900037851949
CITY-ST-ZIP	ORANGE PARK, FL 32073	STREET ADDRESS	06/10/04--01082--003 **88.75
DOCUMENT #		CITY-ST-ZIP	
NAME	HORNE, JAMES W		
STREET ADDRESS	2342 GLENFINNAN DR	STREET ADDRESS	900037851949
CITY-ST-ZIP	ORANGE PARK, FL 32073	CITY-ST-ZIP	06/10/04--01082--004 **437.50
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STAPLE CHECK HERE

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: _____ 4/26/04 904-272-0758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #