2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 18 AM 9:38

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

01182005 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 3/15/05
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	

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		
CITY-ST-ZIP	ORANGE PARK, FL 32073		
DOCUMENT #		STREET ADDRESS	900049241153
NAME	HORNE, JAMES W		03/28/05--01009--015 **526.25
STREET ADDRESS	2342 GLENFINNAN DR	CITY-ST-ZIP	
CITY-ST-ZIP	ORANGE PARK, FL 32073		
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: _____ 3/15/05 904-272-0758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #