2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Due By May 1, 2005					FILED	
DOCUMENT # A9800000993 1. Entity Name BAYOU ASSOCIATES LIMITED					2005 APR -7 PH 2: 19 SECRETARY OF STATE	
Principal Place of Business Mailing Address 1751 MOUNO STREET 1937 GOLF ST. SARASOTA, FL 34236 SARASOTA, FL 34236		S		TALLAHÁSSÉE, FLÓRIDA		
2. Principal Place of Business 3. Mailing Address 711 5. Osper			rey	Ave.		
Suitē, Apt		Suite Apt. # etc:	Svite 1		03172005 Chg-LP CR2E003 (10/03)	
City & State		City & State SaraSota, FL Zip Country			4. FEI Number Applied For 65-0834705 Not Applicable	
Zip	Country	340 36		v VS	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent KAUFFMAN, MINDY 1937 GOLF ST. SARASOTA, FL 34236					(P.O. Box Number is Not Acceptable) 711 S. Osprey AVE Stel FL Zip Code 34236	
8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent. SIGNATURE Signature, tiped or printse name of registered agent and title if applicable.						
9. Capital Contributions as Shown on record \$823,200.00 10. Amount of Capital Contributions in FLORIDA to date. \$526.25						
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. DOCUMENT #				EET ADDRESS -1	ADDRESS CHANGES ONLY	
STREET ADDRESS	, , , , , , , , , , , , , , , , , , , ,		CITY	-ST-ZIP	Masota, fr 34236	
DOCUMENT #	SARASOTA, FL 34236		STRI	EET ADDRESS	Massia, PC 3 Tas 6	
NAME STREET ADDRESS CITY-ST-ZIP			СІТУ	-ST-ZIP	800054029308	
DOCUMENT /			STRI	EET ADDRESS	05/06/0501107010 **526.25	
STREET ADDRESS			СПУ	-ST-ZIP		
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STREET ADDRESS			СПУ	'-ST-ZIP		
DOCHMENT #			STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				r-ST-ZIP		
14. I hereby certify that the information supplied with this filling 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: MULLING CLAND SIGNING GENERAL PARTNER 3/19/05 941-954-4544 SIGNATURE: Date Dayline Prone #						