
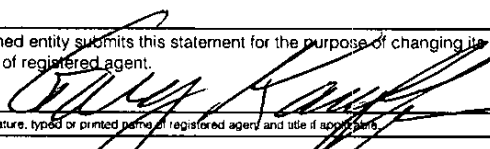


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

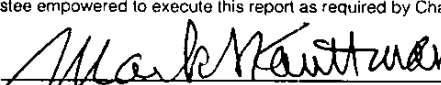
<b>DOCUMENT # A98000000993</b> 1. Entity Name <b>BAYOU ASSOCIATES LIMITED</b>					
Principal Place of Business <b>1751 MOUNO STREET          SARASOTA, FL 34236</b>			Mailing Address <b>711 S. OSPREY AVE          STE. 1          SARASOTA, FL 34236</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
4. FEI Number <b>65-0834705</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PARKER, MINDY          711 S. OSPREY AVE          STE. 1          SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name <b>GARY KAUFFMAN ESQ,</b> Street Address (P.O. Box Number is Not Acceptable) <b>1990 MAIN ST STE 700</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34236</b>		
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					
<b>FILE NOW!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000036698		STREET ADDRESS		
NAME	B K ENTERPRISES OF SARASOTA, INC.		CITY-ST-ZIP		
STREET ADDRESS	711 S. OSPREY AVE				
CITY-ST-ZIP	SARASOTA, FL 34236				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP					

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
**BY MARK KAUFFMAN**

Date **1 May 07**

Daytime Phone # **941-383-3220**

FILED  
 07 JUN -1 AM 9:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



04302007 Chg-LP CR2E003 (12/06)