

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A98000000993**

1. Entity Name  
**BAYOU ASSOCIATES LIMITED**



Principal Place of Business  
**1751 MOUNO STREET  
SARASOTA, FL 34236**

Mailing Address  
**711 S. OSPREY AVE  
STE. 1  
SARASOTA, FL 34236**



04162008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-0834705**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KAUFFMAN, GARY ESQ  
1990 MAIN ST STE 700  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**U00000942131**  
**05/29/08-80008-004 500.00**  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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**

|                 |  |
|-----------------|--|
| DOCUMENT #      | <b>P98000036698</b>                      |
| NAME            | <b>B K ENTERPRISES OF SARASOTA, INC.</b> |
| STREET ADDRESS  | <b>711 S. OSPREY AVE</b>                 |
| CITY - ST - ZIP | <b>SARASOTA, FL 34236</b>                |
| DOCUMENT #      |  |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| DOCUMENT #      |  |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| DOCUMENT #      |  |
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| CITY - ST - ZIP |  |
| DOCUMENT #      |  |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

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 *Mark Kauffman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**24608** **941-350-6314**  
Date Daytime Phone #

STAPLE CHECK HERE