


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -7 AM 8:28

DOCUMENT # A98000001926					
1. Entity Name BEARD, LTD.					
Principal Place of Business 383 NE BAKER ROAD STUART, FL 34994			Mailing Address 4991 NW 107TH AVE. CORAL SPRINGS, FL 33076		
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 65-0856497				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEARD, DONESE K 383 NE BAKER ROAD STUART, FL 34994			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			4991 NW 107th AVENUE		
			City CORAL SPRINGS FL Zip Code 33076		
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 <u><i>Donesse Beard</i></u> 3/3/05 Signature, typed or printed name of registered agent and title if applicable. DATE					
9. Capital Contributions as Shown on record. \$500,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	NAME		STREET ADDRESS	4991 NW 107th AVENUE	
NAME	BEARD, DONESE K		CITY - ST - ZIP	CORAL SPRINGS, FL 33076	
STREET ADDRESS	383 NE BAKER ROAD				
CITY - ST - ZIP	STUART, FL 34994				
DOCUMENT #	NAME		STREET ADDRESS		
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STREET ADDRESS					
CITY - ST - ZIP					
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: <u><i>Donesse K. Beard</i></u>			3/3/05 954-461-6649		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE