


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005**

**FILED
May 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # A99000000332

1. Entity Name
BEE TREE ENTERPRISES, LTD.



Principal Place of Business
2158 MUIRFIELD WAY
OLDSMAR, FL 34677

Mailing Address
2158 MUIRFIELD WAY
OLDSMAR, FL 34677

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



05022005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3560926

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DELLALONGA, RICHARD A
2158 MUIRFIELD WAY
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$496,327-

**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 # | DELLALONGA, RICHARD A | STREET ADDRESS | |
| NAME | 2158 MUIRFIELD WAY | CITY-ST-ZIP | |
| STREET ADDRESS | OLDSMAR, FL 34677 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | DELLALONGA, DOMINICA | STREET ADDRESS | |
| NAME | 2158 MUIRFIELD WAY | CITY-ST-ZIP | |
| STREET ADDRESS | OLDSMAR, FL 34677 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | U00000367119 |
| NAME | | CITY-ST-ZIP | 05/16/05-80022-003 526.25 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  5/1/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____