


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

DOCUMENT # B00000000021 1. Entity Name BALAPINES PARTNERS, LP	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAY 23 AM 9:10

Principal Place of Business 2025 LAKEPOINTE DR., SUITE 1B LEWISVILLE, TX 75057	Mailing Address 2025 LAKEPOINTE DR., SUITE 1B LEWISVILLE, TX 75057
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2. Principal Place of Business 1600 Arch Street Suite, Apt. #, etc. Suite 300 City & State Philadelphia PA Zip 19103	3. Mailing Address 1600 Arch Street Suite, Apt. #, etc. Suite 300 City & State Philadelphia PA Zip 19103	4. FEI Number 23-3029315 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 # M00000000206 NAME BALAPINES GP, LLC STREET ADDRESS 2025 LAKEPOINTE DR., SUITE 1B CITY-ST-ZIP LEWISVILLE, TX 75057	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-weight: bold;">400056308074</div> <div style="text-align: center; font-weight: bold;">06/17/05--01062--003 **141.25</div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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: *Dennis Martin* manager Dennis Martin 5/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #