

2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # B00000000173

1. Entity Name

BECKNER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
440 RIDGE, SUITE 2
RENO NV

Mailing Address
6981 S. ALOYSIA AVENUE
FLORAL CITY FL 34436

2. Principal Place of Business

3. Mailing Address

1101 68 ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. Petensburg FL

Zip

Country

Zip
33710

Country
Pinellas

6. Name and Address of Current Registered Agent

BECKNER, ROGER E JR.
6981 S. ALOYSIA AVENUE
FLORAL CITY FL 34436

4. FEI Number
37-6388571

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1101 68 ST NO-

City

ST Petensburg

FL Zip Code
33710

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

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$0.00

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	1101 68 ST N. ST Petensburg FL 33710
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-1-05 727-639-4623

Date

Daytime Phone #