

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

DOCUMENT # B00000000173	
1. Entity Name BECKNER FAMILY LIMITED PARTNERSHIP	

FILED

2005 APR -6 PM 4:33

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

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. Petersburg FL	
Zip	Country	Zip	Country
		33710	Pinellas

4. FEI Number 37-6388571	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BECKNER, ROGER E JR. 6981 S. ALOYSIA AVENUE FLORAL CITY FL 34436	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 1101 68 ST NO.	
City ST Petersburg	Zip Code FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date. \$0.00
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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 # NAME STREET ADDRESS CITY - ST - ZIP	L00000002239 BECKNER LLC 6981 S. ALOYSIA AVENUE FLORAL CITY FL 34436	STREET ADDRESS CITY - ST - ZIP	1101 68 ST N. ST Petersburg 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 #

STAPLE CHECK HERE