2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
05 MAY -2 PM 5:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B04000000222

1. Entity Name
BVJWB BEACH, LP

Principal Place of Business	Mailing Address
350 NORTH ST. PAUL, SUITE 2900 DALLAS, TX 75201	8117 PRESTON ROAD, SUITE 220 DALLAS, TX 75225

03092005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
8117 Preston Road	
Suite, Apt. #, etc.: Suite 220	Suite, Apt. #, etc.
City & State: Dallas, TX	City & State
Zip: 75225 Country	Zip Country

4. FEI Number 20-1191381 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 **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. Amount of Capital Contributions in FLORIDA to date.	
$233,001.00	$233,001.00	Total Due: $526.25

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 #	M03000003858	STREET ADDRESS	
NAME	BVWB GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	8117 PRESTON ROAD, SUITE 220		
CITY-ST-ZIP	DALLAS, TX 75201		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400054305624
NAME		CITY-ST-ZIP	05/12/05--01006--007 **526.25
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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)(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: _____ 3-17-2005 214-378-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #