


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

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

DOCUMENT # B9300000267

1. Entity Name
B & J DEVELOPMENT LIMITED PARTNERSHIP OF OHIO



Principal Place of Business
**212 EAST THIRD STREET, SUITE 300
CINCINNATI, OH 45202**

Mailing Address
**212 EAST THIRD STREET, SUITE 300
CINCINNATI, OH 45202**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. City & State

Zip Country

04272005 Chg-LP CR2E003 (10/03)

4. FEI Number
31-6166404

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HAFELE, DALE G
7500 COLLEGE PARKWAY
FORT MYERS, FL 33907**

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. **\$0.00**

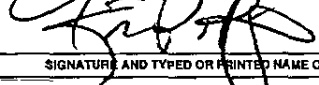
10. Amount of Capital Contributions in FLORIDA to date.

**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 #	F9300000955	STREET ADDRESS	
NAME	AYERS DEVELOPMENT CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	212 EAST THIRD STREET, SUITE 300		00000367235
CITY-ST-ZIP	CINCINNATI, OH 45202		05/16/05-80025-025 141, 25
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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:  **TREASURER OF
AYERS DEVELOPMENT
CORPORATION** **4/27/05** **(513) 721-2744**

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