


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # B9800000157**

1. Entity Name  
**SUNPLEX OPERATING ASSOCIATES, LIMITED PARTNERSHIP**



Principal Place of Business  
**330 GARFIELD STREET, STE. 200  
 SANTA FE, NM 87501**

Mailing Address  
**330 GARFIELD STREET, STE. 200  
 SANTA FE, NM 87501**

2. Principal Place of Business  
 Suite, Apt. #, etc

3. Mailing Address  
 Suite, Apt. #, etc

City & State

City & State

Zip Country

Zip Country



04262004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3497625**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GREENE, ROBERT ESQ.  
 C/O GREENE, DONNELLY & SCHERMER  
 1301 6TH AVENUE WEST, SUITE 505  
 BRADENTON, FL 34205**

**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 **\$3,150,000.00**

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**

DOCUMENT #	M98000000251
NAME	BGK VENTURES LLC
STREET ADDRESS	330 GARFIELD STREET, STE. 200
CITY, ST, ZIP	SANTA FE, NM 87501
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY, ST, ZIP	
STREET ADDRESS	
CITY, ST, ZIP	
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STREET ADDRESS	
CITY, ST, ZIP	

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 05/10/04-90034-017 526.25

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:**  **Dan Brownlow** **4/27/04** **505 992-5100**  
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Display Phone #