## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A98000002645

5203 FISHER ISLAND DRIVE

FISHER ISLAND, FL 33109

Address:

City-St-Zip:

Entity Name: BSL GC LTD.

FILED Jul 02, 2006 Secretary of State

| Current Principal Place of Business:                               |                                  | New Principal Place of Business:          |                                       |
|--|----------------------------------|---|---------------------------------------|
| 5203 FISHER ISLAND D<br>FISHER ISLAND, FL 33                       | · ·· · —                         |   |                                       |
| Current Mailing Address:   |                                  | New Mailing Address:                      |                                       |
| 5203 FISHER ISLAND D<br>FISHER ISLAND, FL 33                       | · ·· · —                         |   |                                       |
| FEI Number: 94-1737782   | FEI Number Applied For ( )       | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )     |
| Name and Address of Current Registered Agent:                      |                                  | Name and Address of New Registered Agent: |                                       |
| C T CORPORATION SY<br>1200 SOUTH PINE ISLA<br>PLANTATION, FL 33324 | ND ROAD                          |   |                                       |
| The above named entity in the State of Florida.                    | submits this statement for the p | ourpose of changing its registered        | d office or registered agent, or both |
| SIGNATURE:   |                                  |   |                                       |
| Electro  | nic Signature of Registered Ag   | ent                                       | Date                                  |
| GENERAL PARTNER INFORMATION:                                       |                                  | ADDRESS CHANGES ONL                       | Y:                                    |
| Document #: Name: LEBOW. BENN                                      | NETT S                           |   |                                       |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENNETT S. LEBOW 07/02/2006