


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A99000001439 1. Entity Name BIRCH DEVELOPMENT, LTD.	
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Principal Place of Business 7777 GLADES RD., STE 310 BOCA RATON, FL 33434	Mailing Address 7777 GLADES RD., STE 310 BOCA RATON, FL 33434
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**DO NOT WRITE IN THIS SPACE**



01122006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0945001	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BIRCH DEVELOPMENT CORP. 7777 GLADES RD., STE 310 BOCA RATON, FL 33434
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**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

000000513489  
 05/02/06-80056-005 508.75

**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 #	P99000078288
NAME	BIRCH DEVELOPMENT CORP
STREET ADDRESS	7777 GLADES RD., STE 310
CITY-ST-ZIP	BOCA RATON, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert J. Schmier, Pres. 4.13.06 (561) 453-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Robert J. Schmier, Pres.

Date Daytime Phone #