

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

<b>DOCUMENT #A00000000567</b> 1. Entity Name 250 PARK AVENUE, LTD., LLLP				 06 MAY -1 AM 9:38 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 250 SOUTH PARK AVE, STE 630 WINTER PARK, FL 32789			Mailing Address P.O. BOX 3010 WINTER PARK, FL 32790-3010		
2. Principal Place of Business 250 Park Avenue South		3. Mailing Address			
Suite, Apt. #, etc. Suite 630		Suite, Apt. #, etc.			
City & State Winter Park, FL		City & State		4. FEI Number 75-2870474	
Zip 32789		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BATTAGLIA, W.P. 250 SOUTH PARK AVE, STE 630 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 250 Park Avenue South Suite 630 City Winter Park FL Zip Code 32789	
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 <u>W.P. Battaglia</u> W.P. Battaglia 04/25/06 <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P03000079737		STREET ADDRESS		
NAME	BFC PARK AVENUE GP, INC.		CITY-ST-ZIP		
STREET ADDRESS	250 SOUTH PARK AVE, STE 630				
CITY-ST-ZIP	WINTER PARK, FL 32789				
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STREET ADDRESS					
CITY-ST-ZIP					
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: <u>W.P. Battaglia</u>			W.P. Battaglia 04/25/06 407-622-1700		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE