

2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -8 PM 4:02

DOCUMENT # A00000001005

1. Entity Name  
BFC/APCA HOLDINGS, LTD.



Principal Place of Business  
225 NE MIZNER BLVD., STE. 200  
BOCA RATON, FL 33432

Mailing Address  
225 NE MIZNER BLVD., STE. 200  
BOCA RATON, FL 33432



2. Principal Place of Business

11700 Great Oaks Way  
Suite, Apt. #, etc.  
Suite 340

3. Mailing Address

11700 Great Oaks Way  
Suite, Apt. #, etc.  
Suite 340

City & State  
Alpharetta, GA

City & State  
Alpharetta, GA

Zip  
30022

Zip  
30022

01292004 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0471156

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GRAGG, K. LAWRENCE  
C/O WHITE & CASE LLP  
200 S BISCAYNE BLVD  
MIAMI, FL 33131-2352

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

DOCUMENT # P94000016136  
NAME CTA PROPERTIES INC  
STREET ADDRESS 225 NE MIZNER BLVD., STE. 200  
CITY-ST-ZIP BOCA RATON, FL 33432

DOCUMENT # M01000000494  
NAME APOLLO BFC/APCA LLC  
STREET ADDRESS 2 MANHATTANVILLE ROAD  
CITY-ST-ZIP PURCHASE, NY 10577

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 11700 Great Oaks Way Suite 340  
CITY-ST-ZIP Alpharetta, GA 30022

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

100031172891  
03/25/04--01026--017 \*\*141.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE