


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:49

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A01000001028	
1. Entity Name BOYNTON BEACH ASSOCIATES X, LLLP	

Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071	Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071
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2. Principal Place of Business 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300 City & State Sunrise, FL Zip 33323 Country USA	3. Mailing Address 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300 City & State Sunrise, FL Zip 33323 Country USA
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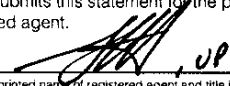
04032006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-1125475	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent G.L. HOMES OF BOYNTON BEACH X CORPORATION 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name Boynbn Beach X Corporation Street Address (P.O. Box Number is Not Acceptable) 1600 Sawgrass Corp Pkwy, #300 City Sunrise FL Zip Code 33323
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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 4/25/06

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

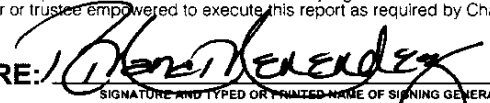
FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P01000073723 G.L. HOMES OF BOYNTON BEACH X CORPORATION 1401 UNIVERSITY DRIVE CORAL SPRINGS, FL 33071	STREET ADDRESS CITY-ST-ZIP	1600 Sawgrass Corp Pkwy #300 Sunrise, FL 33323
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300074693953
05/17/06-01003-007 **508.75

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:  N. MARIA MENENDEZ, VICE PRESIDENT 4/27/06 954-753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE