


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

**FILED
May 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # A02000001685
1. Entity Name
G.L. HOMES OF BOYNTON BEACH ASSOCIATES XV, LTD.




Principal Place of Business: **1401 UNIVERSITY DR., STE. 200
CORAL SPRINGS FL 33071**
Mailing Address: **1401 UNIVERSITY DR., STE. 200
CORAL SPRINGS FL 33071**

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt #, etc.

City & State

Zip Country Zip Country



1ST MOORE CR2E003 (10/04)
4. FEI Number **42-1591480** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**G.L. HOMES OF BOYNTON BEACH XV CORP
1401 UNIVERSITY DR., STE. 200
CORAL SPRINGS FL 33071**

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

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record. **\$1,000.00**
10. Amount of Capital Contributions in FLORIDA to date. **\$990.00**

**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

DOCUMENT #	P02000132638
NAME	G.L. HOMES OF BOYNTON BEACH XV CORP
STREET ADDRESS	1401 UNIVERSITY DR., STE. 200
CITY-ST-ZIP	CORAL SPRINGS FL 33071
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

STAPLE CHECK HERE

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: N. Maria Menendez N. Maria Menendez, Vice President **4/28/05** (954) 753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #