


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 30 AM 10:46

<b>DOCUMENT # A03000000310</b> 1. Entity Name PLANTATION SQUARE, LTD					
Principal Place of Business 120 SOUTH UNIVERSITY DRIVE, SUITE C PLANTATION, FL 33324			Mailing Address 120 SOUTH UNIVERSITY DRIVE, SUITE C PLANTATION, FL 33324		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>APPLIED FOR</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FEINSTEIN, MARVIN 120 SOUTH UNIVERSITY DRIVE, SUITE B PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$500.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<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>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000007018			STREET ADDRESS	
NAME	BVH, LLC			CITY - ST - ZIP	
STREET ADDRESS	120 SOUTH UNIVERSITY DRIVE, SUITE B				
CITY - ST - ZIP	PLANTATION, FL 33324				
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CITY - ST - ZIP					
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.					
<b>SIGNATURE:</b> <i>Marvin Feinstein</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				3/28/05 <small>Date</small>	
				954-423-9749 <small>Daytime Phone #</small>	

STAPLE CHECK HERE



03112005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**APPLIED FOR**

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

6. Name and Address of Current Registered Agent

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Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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10. Amount of Capital Contributions in FLORIDA to date.

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**SIGNATURE:** *Marvin Feinstein* 3/28/05 954-423-9749  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #