
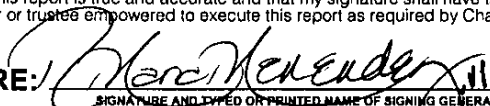


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A03000000575					
1. Entity Name BOYNTON BEACH ASSOCIATES XVIII, LLLP					
Principal Place of Business 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323			Mailing Address 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1182433	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOYNTON BEACH XVIII CORPORATION 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 #	P03000020868		STREET ADDRESS		
NAME	BOYNTON BEACH XVIII CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300				
CITY-ST-ZIP	SUNRISE, FL 33323				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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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: 			N. MARIA MENENDEZ, VICE PRESIDENT		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small> 4/26/07 <small>Daytime Phone #</small> 954-753-1730		

STAPLE CHECK HERE