
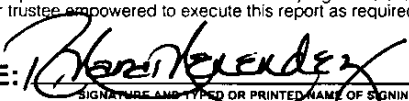


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A05000000312</b> 1. Entity Name BOYNTON BEACH ASSOCIATES XXII, LLLP					
Principal Place of Business 1401 UNIVERSITY DRIVE STE. 200 CORAL SPRINGS, FL 33071			Mailing Address 1401 UNIVERSITY DRIVE STE. 200 CORAL SPRINGS, FL 33071		
2. Principal Place of Business 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300		3. Mailing Address 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300			
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number 20-2347381	
Zip 33323		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  GRANT, MARK F ESQ C/O RUDEN, MCCLOSKY, SMITH SCHUSTER & RUSS 200 EAST BROWARD BLVD. STE. 1500 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<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 #	P05000019370		STREET ADDRESS	1600 Sawgrass Corp Pkwy #300	
NAME	BOYNTON BEACH XXII CORPORATION		CITY-ST-ZIP	Sunrise, FL 33323	
STREET ADDRESS	1401 UNIVERSITY DRIVE STE. 200				
CITY-ST-ZIP	CORAL SPRINGS, FL 33071				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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 MENDEZ, VICE PRESIDENT		4/27/06
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		954-753-1730 <small>Daytime Phone #</small>

**FILED**  
 MAY -17 PM 1:36  
 TALLAHASSEE, FLORIDA  
 TALLAHASSEE STATE



03302006 Chg-LP CR2E003 (11/05)

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