

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 4: 29

DOCUMENT # A05000000312	
1. Entity Name BOYNTON BEACH ASSOCIATES XXII, 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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. Suite 230		Suite, Apt. #, etc. Suite 230	
City & State		City & State	
Zip	Country	Zip	Country



04162008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2347381		Applied For Not Applicable
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, MCCLOSKEY, SMITH SCHUSTER & RUSS 200 EAST BROWARD BLVD. STE. 1500 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Boynon Beach XXII Corporation Street Address (P.O. Box Number is Not Acceptable) 1600 Sawgrass Corp Pkwy, Suite 230 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 [Signature] DATE 4/27/08

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #	P05000019370	STREET ADDRESS	1600 Sawgrass Corp Pkwy, Suite 230
NAME	BOYNTON BEACH XXII CORPORATION	CITY-ST-ZIP	Sunrise, FL 33323
STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300	STREET ADDRESS	100128121361
CITY-ST-ZIP	SUNRISE, FL 33323	CITY-ST-ZIP	05/01/08--01054--016 **500.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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: [Signature] **RICHARD M. ABRWALK** 4/29/08 (954) 753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #