

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:29

<b>DOCUMENT # A05000000325</b> 1. Entity Name BOYNTON BEACH ASSOCIATES XXIII, 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 #  Suite, Apt. #, etc. <b>Suite 230</b> City & State  Zip 		3. Mailing Address  Suite, Apt. #, etc. <b>Suite 230</b> City & State  Zip 			
4. FEI Number <b>20-2350071</b>		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04162008 Chg-LP CR2E003 (12/06)			
6. Name and Address of Current Registered Agent  GRANT, MARK F ESQ RUDEN, MCCLOSKEY, SMITH, SCHUSTER ET AL 200 EAST BROWARD BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name <b>Boynnton Berch XXIII Corporation</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 Sawgrass Corp Pkwy, Suite 230</b> City <b>Sunrise</b> FL Zip Code <b>33323</b>		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/27/08</b>	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, 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 #	P05000019366		STREET ADDRESS	1600 Sawgrass Corp Pkwy, Suite 230	
NAME	BOYNTON BEACH XXIII, CORPORATION		CITY-ST-ZIP	Sunrise, FL 33323	
STREET ADDRESS	1600 SAWGRASS CORP PKWY				
CITY-ST-ZIP	SUNRISE, FL 33323				
DOCUMENT #			STREET ADDRESS	200128121502	
NAME			CITY-ST-ZIP	05/01/08--01054--017 **500.00	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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:			RICHARD M. NORWALK 4/29/08 (954) 753-1730		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE