

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 27 AM 9:51

DOCUMENT # A05000000634 1. Entity Name BOCA HOLLY HILL I ASSOCIATES LP, LTD					
Principal Place of Business 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441			Mailing Address 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02232006 Chg-LP CR2E003 (11/05)	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STOTZER, THEODORE R 321 EAST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441			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 _____	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 #	P05000101793		STREET ADDRESS	708869947957 04/10/06--01050--015 **508.75	
NAME	BOCA HOLLY HILL I, INC.		CITY-ST-ZIP		
STREET ADDRESS	321 EAST HILLSBORO BLVD.		CITY-ST-ZIP		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		STREET ADDRESS		
DOCUMENT #			CITY-ST-ZIP		
NAME			STREET ADDRESS		
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NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
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: _____			_____ Date Daytime Phone #		

STAPLE CHECK HERE