


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 9:52

DOCUMENT # A05000000963 1. Entity Name BOCA BEACH TOWNHOUSE 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			
Zip	Country	Zip	Country	4. FEI Number 02232006 Chg-LP CR2E003 (11/05)	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STOTZER, THEODORE R			Name		
321 EAST HILLSBORO BLVD.			Street Address (P.O. Box Number is Not Acceptable)		
DEERFIELD BEACH, FL 33441			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, 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 #	P05000070285		STREET ADDRESS		
NAME	BOCA BEACH TOWNHOUSE, INC.		CITY-ST-ZIP		
STREET ADDRESS	321 EAST HILLSBORO BLVD.				
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441				
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CITY-ST-ZIP					

STAPLE CHECK HERE

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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: James M. Osher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____