## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

TAPLE CHECK

STICET ADDRESS

**SIGNATURE:** 

CITY-ST-ZIP

## " FILED Due By May 1, 2006 SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A05000001227** 1. Entity Name 06 MAR -3 AM 9: 49 FLORIDA CAPITAL BOULDER CREEK, LTD. Principal Place of Business Mailing Address 300 INTERNATIONAL PARKWAY STE 130 300 INTERNATIONAL PARKWAY STE 130 HEATHROW, FL 32746 HEATHROW, FL 32746 2. Principal Place of Business 300 International Pkwy 3. Mailing Address 300 International Pkwy Suite, Apt. #, etc Suite, Apt. #, etc. 01072006 CR2E003 (11/05) Chg-LP Suite 300 Suite 300 City & State City & State 4. FEI Number Applied For 20-3026576 **Heathrow** Not Applicable Heathrow. Country Country \$8.75 Additional 5. Certificate of Status Desired 32746 USA 32746 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Christy <u>Katherine A</u> CHRISTY, KATHERINE A Street Address (P.O. Box Number is Not Acceptable) 300 INTERNATIONAL PARKWAY STE 130 <u>300 International Pkwv Suite 300</u> HEATHROW, FL 32746 City Zip Code Heathrow 32746 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, typed or printe registered agent and title if applicable 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 ADDRESS CHANGES ONLY DOCUMENT # L05000061337 300 International Pkwy Suite 300 STREET ADDRESS FCLC(BOULDER CREEK), LLC NAME 300 INTERNATIONAL PARKWAY STE 130 STREET ADDRESS CITY-ST-ZIP Heathrow, Fl. 32746 CITY-ST-ZIP HEATHROW, FL 32746 DOCUMENT # 200068091542 STREET ADDRESS <sup>73</sup>0./06--01012--0 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP STREET ADDRESS NA)

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE