


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A07000000868 1. Entity Name BI JOINT VENTURE 1, LLLP	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -9 PM 2:17

Principal Place of Business 6820 LYONS TECHNOLOGY CIR STE 100 COCONUT CREEK, FL 33073	Mailing Address 6820 LYONS TECHNOLOGY CIR STE 100 COCONUT CREEK, FL 33073
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04242008 Chg-LP **FEI**
 CR2E003 (12/06)

4. FEI Number 26-0544782	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOUK, JANE A 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 _____ DATE _____
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 #	L07000071852	STREET ADDRESS	
NAME	BUTTERS CAPITAL VIII, LLC	CITY-ST-ZIP	
STREET ADDRESS	6820 LYONS TECHNOLOGY CIR STE 100		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

B. T. Baskin JUN 09 2008

000131091450
06/10/08--01007--021 **500.00

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