2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

Mar 15, 2007 08:00 A DOCUMENT # A11655 **Secretary of State** 1. Entity Name WHITEHALL BOCA, LTD. Principal Place of Business Mailing Address 7300 DEL PRADO CIRCLE SOUTH 7300 DEL PRADO CIRCLE SOUTH BOCA RATON, FL 33433 BOCA RATON, FL 33433 01082007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-3152148 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. STE. #105 IN THIS SPACE TALLAHASSEE, FL 32301 8. The above named entry submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed nante of registered agent and title if applicable U000006682**03** FILE NOW!!! FEE IS \$500.00 03/27/07-80020-020 500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. 851256 DOCUMENT # WHITEHALL BOCA MGMT. CO. NAME SURFET ADDRESS 7300 DEL PRADO CIRCLE S. CITY-ST-ZIP BOCA RATON, FL DOCUMENT # NAME CTREET ANDRESS CITY ST-ZIP DOCUMENT A NAME DO NOT WRITE STREET ADDRESS CHY-SE-7/P IN THIS SPACE DOCUMENT # KAMF STREET ADDRESS CITY-ST-ZIP DOCUMENT # CHECK NAME STREET ADDRESS DITY-ST-ZIP STAPLE DOCUMENT # MOME STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a General Partner of the limited partnership or the receiver or this tipe empowered to execute this report as required by the partner of 20. Florida Statutes

SIGNATURE:

CHEY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NA ENERAL PARTNER

FILED