

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 JAN 16 AM 9:15

DOCUMENT # A25090			
1. Entity Name VILLAGE CHASE OF ZEPHYRHILLS, LTD.			
Principal Place of Business 20721 SW 46TH AVENUE NEWBERRY, FL 32669		Mailing Address 3111 PACES MILL RD SUITE A250 ATLANTA, GA 30339	
2. Principal Place of Business - No P.O. Box # 39216 Village Chase		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Zephyrhills, FL		City & State	
Zip 33540	Country USA	Zip	Country
6. Name and Address of Current Registered Agent ADAMS, SUSAN HALLMARK MANAGMENT, INC. 4040 NEWBERRY ROAD., SUITE 1000 GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____	
Signature, typed or printed name of registered agent and title if applicable.			
FILE NOW!!! FEE IS \$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.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BCP FL-GA GP, LLC	CITY - ST - ZIP	
STREET ADDRESS	ONE BOSTON PLACE, SUITE 2100		
CITY - ST - ZIP	BOSTON, MA 02108		
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STREET ADDRESS			
CITY - ST - ZIP			
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: <u>Susan Adams, Registered Agent</u>		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		1-12-07	352-224-2051

STAPLE CHECK HERE



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