

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

07 JAN 16 AM 9:15

<b>DOCUMENT # A25090</b> 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.		Suite, Apt. #, etc.			
City & State Zephyrhills, FL		City & State		4. FEI Number 59-2834980	
Zip 33540		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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 Street Address (P.O. Box Number is Not Acceptable) 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>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	BCP FL-GA GP, LLC		CITY - ST - ZIP		
STREET ADDRESS	ONE BOSTON PLACE, SUITE 2100		CITY - ST - ZIP		
CITY - ST - ZIP	BOSTON, MA 02108		CITY - ST - ZIP		
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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					
<b>SIGNATURE:</b> Susan Adams, Registered Agent			1-12-07 352-224-2051		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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