


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # A25309 1. Entity Name GREENWOOD TERRACE LTD.	
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Principal Place of Business 20721 S.W. 46TH AVE NEWBERRY FL 32669	Mailing Address 20721 S.W. 46TH AVE NEWBERRY FL 32669
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1ST MOORE CR2E003 (10/04)

4. FEI Number 59-2848768	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**ADAMS, SUSAN
HALLMARK GROUP SERVICES OF FLORIDA LLC
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 _____
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 Instructions for fee info.

9. Capital Contributions as Shown on record. **\$282,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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

DOCUMENT #	M04000001623
NAME	BCP FL-GA GP, LLC
STREET ADDRESS	ONE BOSTON PLACE, SUITE 2100
CITY-ST-ZIP	BOSTON MA 02108

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	000000246662 02/28/05-80074-014 535.00

DOCUMENT #	
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STREET ADDRESS	<input type="checkbox"/> C
CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Martin H. Petersen, Managing Member 2/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE