

2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A27742**

1. Entity Name  
**BOCA VILLA LIMITED PARTNERSHIP**



Principal Place of Business  
**100 W. HIDDEN VALLEY BLVD.  
BOCA RATON, FL 33431 US**

Mailing Address  
**383 S 3RD ST.  
COLUMBUS, OH 43215 US**



04262007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1162068**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JOSEPH SKILKEN MANAGEMENT CO.  
BOCA SOL APARTMENT RENTAL OFFICE  
200 NE 20TH STREET  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

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**

DOCUMENT # **F93000001193**  
NAME **JOSEPH SKILKEN & CO**  
STREET ADDRESS **383 SOUTH THIRD STREET**  
CITY-ST-ZIP **COLUMBUS, OH**

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IN THIS SPACE**

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05/21/07-80024-008 500.00

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:

*Joseph Skilken* **JOSEPH SKILKEN** 4/26/07 614-221-4547  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE