


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

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A29128</b> 1. Entity Name LONDON ARMS/LYN MAR, LTD.	
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Principal Place of Business ONE BOSTON PLACE, SUITE 2100 BOSTON, MA 02108-4406	Mailing Address ONE BOSTON PLACE, SUITE 2100 BOSTON, MA 02108-4406
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**DO NOT WRITE IN THIS SPACE**



02072007 No Chg-LP CR2E003 (12/06)

4. FEI Number 04-3084070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SALAND, ROBERT  
1666 KENNEDY CAUSEWAY, SUITE 505  
NORTH BAY VILLAGE, FL 33141

**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 \_\_\_\_\_ 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	
DOCUMENT #	P31520
NAME	BCP LONDON ARMS, INC.
STREET ADDRESS	ONE BOSTON PLACE, SUITE 2100
CITY- ST- ZIP	BOSTON, MA 021084406
DOCUMENT #	L25254
NAME	727 COLLINS CORP.
STREET ADDRESS	1666 KENNEDY CAUSEWAY, TUIE 505
CITY- ST- ZIP	NORTH BAY VILLAGE, FL 33141
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
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CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/26/07-80051-025 500.00

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:**  **Robert Saland** **Partner** **3/9/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE