

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

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

DOCUMENT # A29921	
1. Entity Name WILDWOOD TERRACE, LTD.	

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-3009334	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
DAVIS, NORITA V 20721 S.W. 46TH AVE. NEWBERRY FL 32669	

7. Name and Address of New Registered Agent	
Ms. Susan Adams Hallmark Management, Inc. 4040 Newberry Road, Suite 1000 Gainesville, FL 32607	

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

9. Capital Contributions as Shown on record \$281,647.00	10. Amount of Capital Contributions in FLORIDA to date
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11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 # M04000001623	NAME BCP FL-GA GP, LLC	STREET ADDRESS	
STREET ADDRESS ONE BOSTON PLACE, STE 2100	CITY- ST- ZIP BOSTON MA 02108	CITY- ST- ZIP	
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02/28/05 00074 012 535.00

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