2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A31049

1. Entity Name
BHCL HOLDINGS, LTD.

Principal Place of Business
5458 TOWN CENTER ROAD, SUITE 101
BOCA RATON, FL 33486

Mailing Address
5458 TOWN CENTER ROAD, SUITE 101
BOCA RATON, FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc | Suite, Apt #, etc

City & State | City & State

Zip | Country | Zip | Country

01262005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0241767
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER, HILTON
5458 TOWN CENTER ROAD, SUITE 101
BOCA RATON, FL 33486

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 ______ 1/28/05
Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record $476,000.00

10. Amount of Capital Contributions in FLORIDA to date

$526.25

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 #	L99000001479	STREET ADDRESS	
NAME	PATENT TECHNOLGIES, L.C.		
STREET ADDRESS	5458 TOWN CENTER ROAD, SUITE 101		
CITY-ST-ZIP	BOCA RATON, FL 33486	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	02/28/05 [illegible] 526.25
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

14. 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: ______ 2/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #