

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



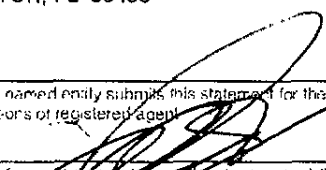
01262005 Chg-LP CR2E003 (10/03)

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		7. Name and Address of New Registered Agent	
BECKER, HILTON 5458 TOWN CENTER ROAD, SUITE 101 BOCA RATON, FL 33486		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.

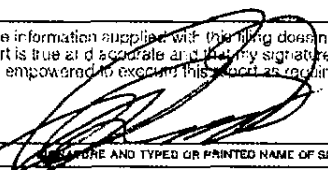
SIGNATURE 	DATE 1/28/05
--	--------------

9. Capital Contributions as Shown on records \$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 # NAME STREET ADDRESS CITY ST ZIP	L99000001479 PATENT TECHNOLOGIES, L.C. 5458 TOWN CENTER ROAD, SUITE 101 BOCA RATON, FL 33486	STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP		STREET ADDRESS CITY ST ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	DATE 2/18/05
--	--------------

STAPLE CHECK HERE