

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

**FILED**  
**May 01, 2007 08:00 A**  
**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



02272007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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

**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 # L99000001479  
NAME PATENT TECHNOLOGIES, L.C.  
STREET ADDRESS 5458 TOWN CENTER ROAD, SUITE 101  
CITY-ST-ZIP BOCA RATON, FL 33486

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U000000752583  
05/21/07-80020-025 500.00

**DO NOT WRITE  
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE