







2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:47

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 - No P.O. Box # 670 GLADES ROAD		3. Mailing Address 670 GLADES ROAD			
Suite, Apt. #, etc. SUITE 220		Suite, Apt. #, etc. SUITE 220			
City & State BOCA RATON, FL		City & State BOCA RATON, FL			
Zip 33431		Country USA		4. FEI Number 65-0241767	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
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) 670 GLADES ROAD SUITE 220 City BOCA RATON FL Zip Code 33431		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	199000001479		STREET ADDRESS	670 GLADES ROAD SUITE 220	
NAME	PATENT TECHNOLOGIES, L.C.		CITY - ST - ZIP	BOCA RATON, FL 33431	
STREET ADDRESS	5458 TOWN CENTER ROAD, SUITE 101				
CITY - ST - ZIP	BOCA RATON, FL 33486				
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STREET ADDRESS					
CITY - ST - ZIP					
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 4/25/08 Daytime Phone #: (561) 394-6650		

STAPLE CHECK HERE