## 2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

STAPLE CHECK

SIGNATURE

## Feb 03, 2006 08:00 AM DOCUMENT # A31091 **Secretary of State** 1. Entity Name BCK VENTURES-1991, LTD. Mailing Address Principal Place of Business 1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810 1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/05) City & State City & State Applied For 4. FEI Number 59-3044897 Not Applicat Zip Country Zíp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KATZEN, MARC 1900 SUMMIT TOWER BLVD., SUITE 130 ORLANDO FL 32810 Street Address (P.O. Box Number is Not Acceptable) 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. Make check payable to Florida Department of State 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 # P35531 STREET ADDRESS NAME BCK ACQUISITION, LTD. <del>!แต้ตัด0417691</del> STREET ADDRESS 1900 SUMMIT TOWER BLVD., SUITE 130 CITY-ST-ZIP 02/13/06-80066-006 500.00 CITY-ST-ZIP ORLANDO FL 32810 DOCUMENT # STRUET ADDRESS NAME STREET ADDRESS CITY- ST- ZIP CITY-ST-2P DOCUMENT # STRÉÉT ADUMESS NAME STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY - ST- ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CSTY-ST-ISP DITY-ST-ZIP

14. I hereby certify that the information supplied with this liting 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

FILED