## **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

## **FILED**

Due By May 1, 2006				Apr 27, 2006 08:00	
DOCUMENT #A31605  1. Entity Name FLORIDA BOCA WINDS LIMITED PARTNERSHIP				Sec	cretary of State
Principal Place of Business Mailing Address 380 UNION STREET 380 UNION STREET WEST SPRINGFIELD, MA 01089 WEST SPRINGFIELD, MA 0108			01089		
		-		04192006 No Chg-LP	CR2E003 (11/05)
	O NOT WRI	TE IN THIS SP	ACE	4. FEI Number 06-1324369  5. Certificate of Status Desired	Applied For Not Applied For Not Applicable  \$8.75 Additional Fee Required
	6. Name and Address of Cu	rrent Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				DO NOT W IN THIS SP	
	tions of registered agent.	nent for the purpose of changing its reg	gistered office or register	red agent, or both, in the State of Flo	
	Signature, typed or printed name of registere	d agent and title if applicable.		เมื่อสืบเล	DATE TO DO
FILE NOW!!! FEE IS \$500:00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REG				<u> </u>	80039-002 S00.00
		's MAY NOT be changed on the			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PA P34379 NEPSA PROPERTY INVES 380 UNION STREET WEST SPRINGFIELD, MA	TORSINC.		DO NOT WE	
DOCUMENT #					

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

partne

SIGNATURE: 4

STAPLE CHECK HERE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ALL OLD ASAGE

4/21/2006

413.78.0712 Daytime Phone #