


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

DOCUMENT # A31773			
1. Entity Name WAUCHULA LTD.			
Principal Place of Business 5700 SOUTHWEST 34TH STREET, SUITE 130 GAINESVILLE FL 32608		Mailing Address 20721 SW 46TH AVENUE NEWBERRY FL 32669	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	

*** FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

06 MAR 17 AM 9:30



1st MOORE CR2E003 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ADAMS, SUSAN HALLMARK MANAGEMENT, INC. 4040 NEWBERRY ROAD., SUITE 1000 GAINESVILLE FL 32607		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 #	M04000001623	STREET ADDRESS	
NAME	BCP FL-GA GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	ONE BOSTON PLACE, STE 2100		
CITY-ST-ZIP	BOSTON MA 02108		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: Susan Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-2-06

Date

Daytime Phone #

STAPLE CHECK HERE