2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
06 JUN -2 AM 9:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A93000000286

1. Entity Name
BKL BROADWAY LIMITED

Principal Place of Business	Mailing Address
1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146	C/O BILL KENWRIGHT LTD. 106 HARROW RD., BLK HOUSE, LONDON W21RR UNITED KINGDOM XX

01042006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 65-0394617 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 $500.00
After May 1, 2006, 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 #	P93000019323	STREET ADDRESS	
NAME	B.B. MANAGEMENT CORP.		
STREET ADDRESS	1500 SAN REMO AVE., #125	CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES, FL 33146		
DOCUMENT #		STREET ADDRESS	200075900922
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STAPLE CHECK HERE

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 #