

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A93000000286

1. Entity Name
 BKL BROADWAY LIMITED



Principal Place of Business
 1500 SAN REMO AVENUE, SUITE 125
 CORAL GABLES, FL 33146

Mailing Address
 C/O BILL KENWRIGHT LTD.
 106 HARROW RD., BLK HOUSE, LONDON W21RR
 UNITED KINGDOM, XX

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1501 BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1613

City & State

City & State
 NEW YORK NY

Zip

Country

Zip

Country

10036

USA

01082007

Chg-LP

CR2E003 (12/06)

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

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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.

DOCUMENT # P93000019323
 NAME B.B. MANAGEMENT CORP.
 STREET ADDRESS 1500 SAN REMO AVE., #125
 CITY-ST-ZIP CORAL GABLES, FL 33146

STREET ADDRESS

CITY-ST-ZIP

ADDRESS CHANGES ONLY
 308103629003
 05/31/07--01054--008 **500.00

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

QO

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

ANNE STEWART FITZROY
 CONTROLLER AP.

Date

Daytime Phone #

4/27/07 212-730-4995

PLEASE CHECK HERE