


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A94000000180			
1. Entity Name BOARDWALK VENTURES, LTD.			
Principal Place of Business 500 EAST MCNAB ROAD POMPANO BEACH FL 33060		Mailing Address 240 SE 10 STREET POMPANO BEACH FL 33060	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 15 AM 8:42



1ST MOORE CR2E003 (10/04)

4. FEI Number 65-0069613		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NUSSLI, EDITH 240 SE 10 STREET POMPANO BEACH FL 33060		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 <i>Edith Nussli</i> EDITH NUSSLI DATE 1/26/05 <small>Signature, typed or printed name of registered agent and title if applicable</small>		11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info	
9. Capital Contributions as Shown on record. \$9,900.00		10. Amount of Capital Contributions in FLORIDA to date.	

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P93000044975 VITA REAL ESTATE & MANAGEMENT CORP. 240 SE 10 STREET POMPANO BEACH FL 33060	STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edith Nussli* **EDITH NUSSLI** **PRESIDENT OF VITA R.E. CORP.** **2/9/05** **(954) 786-0348**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE