


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


DOCUMENT # A94000000180	
1. Entity Name BOARDWALK VENTURES, LTD.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 10:44

Principal Place of Business 500 EAST MCNAB ROAD POMPANO BEACH FL 33060	Mailing Address 240 SE 10 STREET POMPANO BEACH FL 33060
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2. Principal Place of Business 1500 E. ATLANTIC BLVD	3. Mailing Address
Suite, Apt. #, etc. SUITE B	Suite, Apt. #, etc.
City & State POMPANO BEACH, FL	City & State
Zip 33060	Country USA


1st MOORE CR2E003 (10/05)
4. FEI Number 65-0069613
Applied For 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	
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7. Name and Address of New Registered Agent	
Name PROJEKT BERATUNG	
Street Address (P.O. Box Number is Not Acceptable) 1500 E. ATLANTIC BLVD	
SUITE B	
City POMPANO BEACH FL	Zip Code 33060

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 *E. Nussli* **EDITH NUSSLI** DATE **3/15/06**

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 # P93000044975	NAME VITA REAL ESTATE & MANAGEMENT CORP.	STREET ADDRESS 1500 E. ATLANTIC BLVD	
STREET ADDRESS 240 SE 10 STREET		CITY-ST-ZIP POMPANO BEACH, FL 33060	
CITY-ST-ZIP POMPANO BEACH FL 33060			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000069924400
STREET ADDRESS			04/10/06--01020--020 **500.00
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: *E. Nussli* **EDITH NUSSLI** **PRESIDENT** DATE **3/15/06** **954 786-0348**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE