

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A94000000180

1. Entity Name

BOARDWALK VENTURES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 14 AM 9:51

Principal Place of Business

Mailing Address

1500 E ATLANTIC BLVD
SUITE B
POMPANO BEACH FL 33060

240 SE 10 STREET
POMPANO BEACH FL 33060



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

3. Mailing Address

2797 NE 15 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

POMPANO BEACH, FL

Zip

Country

Zip

Country

33062

BROWARD

1st MOORE

CR2E003 (10/06)

4. FEI Number

65-0069613

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

BERATUNG, PROJEKT
1500 E ATLANTIC BLVD
SUITE B
POMPANO BEACH FL 33060

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. * After May 1, 2007, 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
CITY ST ZIP POMPANO BEACH FL 33060

STREET ADDRESS

CITY ST ZIP

DOCUMENT #
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PRESIDENT OF
GENERAL PARTNER
EDITH NUZZI

2/5/07

954 786-0342

Date

Daytime Phone #

STAPLE CHECK HERE