2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Mar 13, 2006 08:00 AM Secretary of State

D	OC	UMEN	# A9500000	1933

1. Entity Name BOCA GOLF VIEW, LTD.



Principal Place of Business

SIGNATURE:

321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 Mailing Address

321 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441



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DO NOT WRITE IN THIS SPACE

02222006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-0665919 Applied For Not Applicable

5. Certificate of Status Desired

Oate

Daytime Phone #

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

	, TED LSBORO BLVD. .D BEACH, FL 33441	DO NOT WRITE IN THIS SPACE				
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 15 \$500.00 After May 1, 2008, 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					
DOCUMENT #	P95000093959	<u>, </u>				
NAME	BOCA GOLF VIEW DEVELOPERS, INC.					
STREET ADDRESS	321 E. HILLSBORO BLVD.					
CITY - ST - ZIP	DEERFIELD BEACH, FL 33441					
OCCUMENT # NAME STREET ADDRESS CITY-S1-ZIP		######################################				
DOCUMENT /						
NAME						
STREET ADDRESS		DO NOT WRITE				
CITY-SI-ZIP		IN THIS STACE				
DOCUMENT # NAME STREET AUDITESS CITY-ST-2IP		IN THIS SPACE				
DOCUMENT #						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
DOCUMENT #						
NAME						
STREET ADORESS						
City-\$7-20°						
14. I hereby cartify that the information supplied with this filling 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 by execute this report as required by Chapter 620, Florida Statutes						

ITED NAME OF SIGNING GENERAL PARTNER