

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # A96000002420

1. Entity Name  
HCVC, LTD.



Principal Place of Business  
2295 CORPORATE BLVD., N.W., SUITE 222  
BOCA RATON, FL 33431

Mailing Address  
2295 CORPORATE BLVD., N.W., SUITE 222  
BOCA RATON, FL 33431



**DO NOT WRITE IN THIS SPACE**

01182006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
65-0714425

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HERRICK, NORTON  
C/O THE HERRICK COMPANY, INC.  
2295 CORPORATE BLVD., N.W., SUITE 222  
BOCA RATON, FL 33431

**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 IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

1100000476557  
04/06/06-80016-003 508.75

**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 # P96000102909  
NAME G-P HCVC, INC.  
STREET ADDRESS 2295 CORPORATE BLVD., N.W., SUITE 222  
CITY-ST-ZIP BOCA RATON, FL 33431

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #