

Due By May 1, 2006

DOCUMENT # A97000000241

1. Entity Name
BLACK BOX PARTNERS, LTD.



Principal Place of Business
**5200 TOWN CENTER CIRCLE, #306
BOCA RATON, FL 33486**

Mailing Address
**5200 TOWN CENTER CIRCLE, #306
BOCA RATON, FL 33486**

DO NOT WRITE IN THIS SPACE



04172006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0723243

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FINE, NORMAN D
5200 TOWN CENTER CIRCLE, #306
BOCA RATON, FL 33486**

**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.

1100000538217
05/09/06--80071-004 500.00
DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # **P97000002594**
NAME **SOUTHCAP VENTURES, INC.**
STREET ADDRESS **5200 TOWN CENTER CIRCLE, #306**
CITY-ST-ZIP **BOCA RATON, FL 33486**

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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 #