

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 2:37

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A97000001397

1. Entity Name
BOYNTON WAREHOUSE, LTD.



Principal Place of Business
1096 E. NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH, FL 33442

Mailing Address
1096 E. NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH, FL 33442



2. Principal Place of Business
6820 LYONS TECHNOLOGY CIRCLE
Suite, Apt. #, etc.
#100

3. Mailing Address
6820 LYONS TECHNOLOGY CIRCLE
Suite, Apt. #, etc.
#100

City & State
COCONUT CREEK, FL.

Zip
33073

Country
USA

03072006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-0766241

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM
1096 E. NEWPORT CENTER DRIVE, SUITE 100
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name
6820 LYONS TECHNOLOGY CIRCLE, #100
City
COCONUT CREEK **FL** **Zip Code**
33073

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 M. BUTTERS 04/28/06
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

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 #	P97000033030	STREET ADDRESS	6820 LYONS TECHNOLOGY CIRCLE, #100
NAME	BOYNTON WAREHOUSING, INC.	CITY-ST-ZIP	COCONUT CREEK, FL. 33073
STREET ADDRESS	1096 E. NEWPORT CENTER DRIVE, SUITE 100		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		
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NAME		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: M. BUTTERS 04/28/06 954-570-8111
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #

STAPLE CHECK HERE