## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A97000001397

Entity Name

BOYNTON WAREHOUSE, LTD.



FILED May 01, 2007 08:00 A Secretary of State

Principal Place of Business

6820 LYONS TECHNOLOGY CENTER, #100 COCONUT CREEK, FL 33073

Mailing Address

6820 LYONS TECHNOLOGY CENTER, #100 COCONUT CREEK, FL 33073



04102007 No Chg-LP

CR2E003 (12/06)

 5.	Certificate of Status Desired	 \$8.7 Fee F	<b>'</b> 5 .	Additional
1.	FEI Number 65-0766241		_	Not Applicable

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CENTER, #100 COCONUT CREEK, FL 33073

## DO NOT WRITE IN THIS SPACE

	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.	
SIC	GNATURE	
0.0		DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 #	P97000033030		
NAME	BOYNTON WAREHOUSING, INC.		
STREET ADDRESS	6820 LYONS TECHNOLOGY CENTER, #100		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000752702 05/21/07-80027-004 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this Hitho does not gualify 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:** 

DOCUMENT / NAME STREFT ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

M. Butter

1/30/07 (854) 570-81

Daytime Phone #