

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 JAN 24 AM 9:13

**DOCUMENT # A99000000326**

1. Entity Name  
 B & C BOCA HOLDINGS LTD



Principal Place of Business  
 400 S.E. FIFTH AVENUE  
 APT. 604  
 BOCA RATON, FL 33432

Mailing Address  
 400 S.E. FIFTH AVENUE  
 APT. 604  
 BOCA RATON, FL 33432

2. Principal Place of Business  
 55 NE FIFTH AVE  
 Suite, Apt. #, etc.  
 SUITE 402

3. Mailing Address  
 55 NE FIFTH AVE  
 Suite, Apt. #, etc.  
 SUITE 402

City & State  
 BOCA RATON, FL  
 Zip  
 33432  
 Country  
 USA

City & State  
 BOCA RATON, FL  
 Zip  
 33432  
 Country  
 USA

01102006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 65-0902850

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

HADDAD, CALVIN  
 400 S.E. FIFTH AVENUE  
 APT. 604  
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name  
 HADDAD, CALVIN  
 Street Address (P.O. Box Number is Not Acceptable)  
 55 NE FIFTH AVE  
 SUITE 402  
 City  
 BOCA RATON FL Zip Code  
 33432

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 Calvin Haddad (CALVIN HADDAD) 1/19/06  
 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

DOCUMENT # P99000018800  
 NAME 500 FIFTH HOLDINGS, INC  
 STREET ADDRESS 400 S.E. FIFTH AVENUE, APT. 604  
 CITY-ST-ZIP BOCA RATON, FL 33432

13. ADDRESS CHANGES ONLY

STREET ADDRESS 55 NE FIFTH AVE - SUITE 402  
 CITY-ST-ZIP BOCA RATON, FL 33432

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: Calvin Haddad (CALVIN HADDAD) 1/19/06 (212) 683-4444  
 Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE