

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # B00000000126

1. Entity Name
BOCAVAIL, L.P.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY -9 AM 9:10

Principal Place of Business
551 SE 8TH STREET, SUITE 600
DELRAY BEACH, FL 33483

Mailing Address
11830 ISLAND LAKES LANE
BOCA RATON, FL 33498

2. Principal Place of Business

3. Mailing Address

551 SE 8TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

600

03182005

Chg-LP

CR2E003 (10/03)

City & State

City & State

DELRAY BEACH, FL

4. FEI Number

65-0967623

Applied For

Not Applicable

Zip

Country

Zip

33483

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MTS TELECOMMUNICATIONS, INC.
551 S.E. 8TH STREET, #600
DELRAY BEACH, FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. Capital Contributions
as Shown on record.

\$90,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1025.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
SALDANHA, STEPHEN A
551 S.E. 8TH STREET, #600
DELRAY BEACH, FL 33483

STREET ADDRESS

CITY-ST-ZIP

200055917532

06/08/05--01073--007 **141.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
F00000002172
MTS TELECOMMUNICATIONS, INC.
551 SE 8TH ST., SUITE 600
DELRAY BEACH, FL 33483

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Marek Ochobina

3/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #