

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B0000000126

1. Entity Name
BOCAVAIL, L.P.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 19 AM 9:11

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

Mailing Address
551 SE 8TH STREET, SUITE 600
DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE



01092006 No Chg-LP CR2E003 (11/05)

4. FEI Number
65-0967623

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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

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

500065000735
02/01/06--01079--016 **500.00

**DO NOT WRITE
IN THIS SPACE**

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:

Manoj Odubina CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/9/06

Date

561-450-1963

Daytime Phone #

STAPLE CHECK HERE