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

## DOCUMENT # B05000000280 FILED GLL BVK PROPERTIES, L.P. 06 MAY - 1 AM '8: 35 SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address % RONALD FERROTTI, CPA % RONALD FERROTTI, CPA 50 TICE BOULEVARD 50 TICE BOULEVARD WOODCLIFF LAKE, NJ 07677 WOODCLIFF LAKE, NJ 07677 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 04202006 Chg-LP CR2E003 (11/05) 101 Eisenhow City & State 4. FEI Number City & State Applied For Roselwa 20-3011542 oselvau Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 368 <u>07068</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION DOCUMENT # F05000003669 STREET ADDRESS GLL BVK GENERAL PARTNER, INC. NAME STREET ADDRESS % 50 TICE BOULEVARD CITY-ST-ZIP CITY-ST-ZIP WOODCLIFF LAKE, NJ 07677 DOCUMENT # STREET ADDRESS NAME 300075019403 05/22/06--01021--015 \*\*500.00 STREET ADDRESS CITY - ST- 7IP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CI Y-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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