

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 17 PM 1:21

LR
12/19

1. Name of Limited Partnership
BOCA RATON ASSOCIATES II LIMITED PARTNERSHIP

1a. DOCUMENT #
A19981



Mailing Address 329 PARK AVENUE WOONSOCKET RI 02895	Principal Office Address 329 PARK AVENUE WOONSOCKET RI 02895	3. Date Formed or Registered 05/22/1985	5a. Capital Contributions as Shown on record. \$1,100.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/23/1995	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation RI	
City & State	City & State	6. FEI Number 05-0413725	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to Dept of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent WHEELER, JAMES J. 7777 W. GLADES RD. SUITE 300 BOCA RATON FL 33434	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	Suite, Apt. #, etc.	
	City	Zip Code FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BOUCHER, JOHN J.	329 PARK AVENUE	WOONSOCKET RI	
MARTIN, ROBERT L.	329 PARK AVENUE	WOONSOCKET RI	

SECRETARY OF STATE
12/20/95 - 01078 019
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Robert L. Martin G.P.* DATE **11/20/96**

Typed or Printed Name of General Partner Signing Form **Robert L. Martin, GP** Daytime Telephone Number **401-769-1670**

CFR2E003 (6/96)