


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007**

**FILED
Sep 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # A19981
1. Entity Name
BOCA RATON ASSOCIATES II LIMITED PARTNERSHIP



Principal Place of Business: **600 CASS AVENUE
WOONSOCKET, RI 02895**
Mailing Address: **600 CASS AVENUE
WOONSOCKET, RI 02895**

DO NOT WRITE IN THIS SPACE



08292007 No Chg-LP CR2E003 (12/06)

4. FEI Number 05-0413725	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**WHEELER, JAMES J.
7777 W. GLADES RD.
SUITE 300
BOCA RATON, FL 33434**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 STREET ADDRESS CITY-ST-ZIP	BOUCHER, JOHN J. 600 CASS AVENUE WOONSOCKET, RI 02895
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09/11/07-80007-022 508.75

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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:  **9/7/07** **401-769-1670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #