2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

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SIGNATURE:

Apr 27, 2004 08:00 AM Secretary of State DOCUMENT # A25722 1. Entity Name BOCA RIO CENTRE, LTD. Principal Place of Business Mailing Address 7777 GLADES ROAD 7777 GLADES ROAD **BOCA RATON FL 33434** BOCA RATON FL 33434 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) 4. FEI Number City & State City & State Applied For 65-0205258 Not Applicable Žip Country Zιο Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHMIER, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 7777 GLÁDES ROAD SUITE 310 **BOCA RATON FL 33434** City 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 tifle if applicable 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$30.00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 # K10175 STREET ADORESS NAME S.F.A., INC. STREET ADDRESS 7777 GLADES ROAD, #310 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** DOCUMENT # STREET ADORESS NAME U00000147130 05/03/04-80034-006 150.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP BOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CTTY - 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 signifure 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 propowered to execute this report as required by Chapter 620, Florida Statutes

Robert J. Schmier

NO TYPED OR PRINTED NAME OF STORING GENERAL PARTNER

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