


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

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A27890</b>			
1. Entity Name <b>BOCA PIER ASSOCIATES, LTD.</b>			
Principal Place of Business <b>7777 GLADES ROAD SUITE 310 BOCA RATON FL 33434</b>		Mailing Address <b>7777 GLADES ROAD SUITE 310 BOCA RATON FL 33434</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number <b>65-0102206</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SCHMIER, ROBERT J</b> <b>7777 GLADES ROAD</b> <b>SUITE 310</b> <b>BOCA RATON FL 33434</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$99.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P02000110234	STREET ADDRESS	
NAME	BOCA PIER ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	7777 GLADES ROAD, S-310		
CITY-ST-ZIP	BOCA RATON FL		
DOCUMENT #		STREET ADDRESS	U00000146952
NAME		CITY-ST-ZIP	05/03/04-80085-017 150.00
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-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)(f), 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:**  **Robert J. Schmier** **4/27/04** **561-483-8400**  
Signature and Typed or Printed Name of Signing General Partner Date Davina Phone #

STAPLE CHECK HERE