


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
May 06, 2005 08:00 AM
Secretary of State

| | | | |
|--|----------------------------|--|---------|
| DOCUMENT # A27890 | |  | |
| 1. Entity Name BOCA PIER ASSOCIATES, LTD. | | | |
| Principal Place of Business 7777 GLADES ROAD SUITE 310 BOCA RATON, FL 33434 | | Mailing Address 7777 GLADES ROAD SUITE 310 BOCA RATON, FL 33434 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SCHMIER, ROBERT J 7777 GLADES ROAD SUITE 310 BOCA RATON, FL 33434 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 date if applicable. | | | |
| 9. Capital Contributions as Shown on record. \$99.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| 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 | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
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| DOCUMENT # | | STREET ADDRESS | |
| 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)(i), 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: <i>Robert J. Schmier</i> | | Date: April 28, 2005 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Robert J. Schmier, Pres. | | Daytime Phone #: 561-483-8400 | |



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0102206 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

100000253048
05/06/05-80017-001 150.00

STAPLE CHECK HERE