## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

CHECK THE

SIGNATURE:

## May 06, 2005 08:00 AM Secretary of State DOCUMENT # A9700000595 1. Entity Name BOCA PARTNERS, LTD. Principal Place of Business Mailing Address 1401 UNIVERSITY DRIVĒ, SUITE 200 CORAL SPRINGS FL 33071 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS FL 33071 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) 4. FEI Number Applied For City & State City & State 65-0803467 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANT, MARK F 200 EAST BROWARD BLVD., 15TH FLOOR Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33301 Zip Code City FL 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. 11, FILE NOW!!! Due by May 1, 2005. SIGNATURE See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$545,940.00 \$545,940,00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P96000052326 STREET ADDRESS BOCA PARTNERS HOLDINGS CORP. NAME STREET ADDRESS 1401 UNIVERSITY DRIVE, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 05/06/05-80011-001 526.25 DOCUMENT # STREET ADDRESS STREET ADDRESS Citty ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST - 71P 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

Paul PORban, VIER PRESIDENT 4/28/05

FILED