
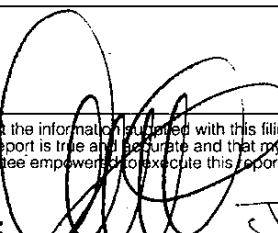


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 21 AM 8:11

DOCUMENT # A01000000700 1. Entity Name BOCA INDUSTRIAL PARK, LTD.					
Principal Place of Business 7700 CONGRESS AVE., 3100 BOCA RATON, FL 33487			Mailing Address 7700 CONGRESS AVE., 3100 BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1109033	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FELUREN, MARK S 2200 N COMMERCE PKWY, STE. 202 WESTON, FL 33326			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$10,000.00		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 #	F01000003429		STREET ADDRESS		
NAME	BOCA INDUSTRIAL, INC.		CITY-ST-ZIP		
STREET ADDRESS	7700 CONGRESS AVE., 3100				
CITY-ST-ZIP	BOCA RATON, FL 33487				
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information furnished 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: 			01/13/05 561-997-5777		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE



01122005 Chg-LP CR2E003 (10/03)

Applied For
Not Applicable

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

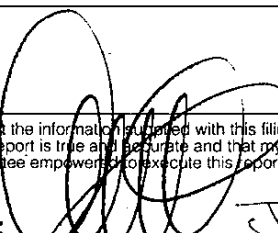
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