

2002 UNIFORM BUSINESS REPORT (UBR)

0004106 AV

DOCUMENT # **A01000000200**

1. Entity Name
THE OAKS AT BOCA RATON VENTURE, L.P.

FILED

02 MAR 21 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1000 CLINT MOORE ROAD SUITE 110 BOCA RATON FL 33487	Mailing Address 1000 CLINT-MOORE ROAD SUITE 110 BOCA RATON FL 33487
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ENDELSON, KENNETH
1000 CLINT MOORE ROAD
SUITE 110
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	L01000001937 THE OAKS AT BOCA RATON DEVELOPMENT, LLC 1000 CLINT MOORE ROAD BOCA RATON FL 33487
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	800005173008--5 -03/27/02--01088--015 ***535.00 ***535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: *[Signature]* **RICHARD FINKELSTEIN** 3/18/02 561.997.5760

DATE: 3/18/02 DAYTIME PHONE: 561.997.5760

CFR2E003 (9/01)

STAPLE CHECK HERE