2002 UNIFORM BUSINESS REPORT (UBR)

			_							
DOCUMENT # A0100000213 1. Entity Name							FILED			
BOCA PINES, LTD.						FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA				
Principal Pla 1004 WASHI HOLLYWOOI			Mailing Address 1004 WASHINGTON ST HOLLYWOOD FL 33019				(2)	APR I		
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY	′ 1, 2002 ×		
City & State			City & State			4. FEI Number	<u> </u>	And the	Applied For Not Applicable	
Zip Country			Zip Count		ntry			Fee F	75 Additional Required	
6. Name and Address of Current Registered Agent					Name	7. Name and /	Address of New Regis	tered Agent	!	
MORRISON & MILLS PA ATTN: FREDERICK J. MILLS, ESQ.					Street Address (P.O. Box Number is Not Acceptable)					
1200 W PLATT ST SUITE 100 TAMPA FL 33606					City			FL Z	ip Code	
8. The above	named entity submits	this statement for the	ourpose of changing its r	egistere	ed office or regist	ered agent, or both	in the State of Florida			
SIGNATURE				<u>- کر څا</u>						
9. Capital Contributions as Shown on record. \$2,000.00 10. Amount of Capital in FLORIDA to date.					ibutions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			DEPT. OF STATE		
	NOTE: Genera	al Partners MAY No	IS A BUSINESS ENT OT be changed on the	ITY M e form	UST BE REGIS ; an amendme	STERED AND AG ent must be filed	TIVE WITH THIS C	EEICE		
12. DOCUMENT # NAME	P9600066756 LOWRY DESIGN & DEVELOPMENT INC				ET ADDRESS	ADDRESS CHANGES ONLY				
STREET ADDRESS CITY-ST-ZIP	1004 WASHINGTO	on St			ST-ZIP			,		
DOCUMENT #				STREE	ET ADORESS	80	<u>000528</u> -04/17/02	320	88	
STREET ADDRESS CITY-ST-ZIP	!				ST-ZIP	****141.25 ****141.25				
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CITY-ST-ZIP				CITY-	ST-ZIP					
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DOCUMENT# NAME				STREE	T ADDRESS			•		
STREET ADDRESS CITY-ST-ZIP				CITY-S	1					
14. I hereby c	ertify that the informati	on supplied with this fil	ing does not qualify for th	ne exem	nption stated in S	ection 119.07(3)(i).	Florida Statutes, I furth	er certify that	t the information	

Thereby Cettiny that the information supplied with ritis filling does not quality 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:

SIGNATURE AND WPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

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