

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009147 AT

DOCUMENT # **A01000000213**



**FILED**  
03 MAY -5 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Entity Name  
**BOCA PINES, LTD.**

Principal Place of Business  
**1004 WASHINGTON ST  
HOLLYWOOD FL 33019**

Mailing Address  
**1004 WASHINGTON ST  
HOLLYWOOD FL 33019**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **APPLIED FOR**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRISON & MILLS PA  
ATTN: FREDERICK J. MILLS, ESQ.  
1200 W PLATT ST SUITE 100  
TAMPA FL 33606**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**000018003740**  
05/05/03--01045--010 \*\*141.25  
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 title if applicable.

9. Capital Contributions as Shown on record. **\$2,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P96000066756**  
NAME **LOWRY DESIGN & DEVELOPMENT INC**  
STREET ADDRESS **1004 WASHINGTON ST**  
CITY-ST-ZIP **HOLLYWOOD FL 33019**

STREET ADDRESS  
CITY-ST-ZIP

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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/24/2003** (954) 520-7817  
Daytime Phone #

CR2E003 (10/02)