

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 APR 30 PM 12: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04142004 Chg-LP CR2E003 (10/03)

4. FEI Number 56-2283963 Applied For Not Applicable

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

**DOCUMENT # A02000000589**  
1. Entity Name  
**BOCA FIRST CAPITAL, LLLP**



Principal Place of Business  
**900 N. FEDERAL HIGHWAY  
SUITE 410  
BOCA RATON, FL 33432 US**

Mailing Address  
**900 N. FEDERAL HIGHWAY  
SUITE 410  
BOCA RATON, FL 33432 US**

2. Principal Place of Business  
**7100 W. Camino  
Suite, Apt. #, etc.  
**Suite 402  
City & State  
**Boca Raton  
Zip  
**FL  
Country  
**USA**********

3. Mailing Address  
**7100 W. Camino  
Suite, Apt. #, etc.  
**Suite 402  
City & State  
**Boca Raton  
Zip  
**FL  
Country  
**USA**********

6. Name and Address of Current Registered Agent  
**BRANDON-BROWN, ELIZABETH A ESQ.  
900 N. FEDERAL HIGHWAY  
SUITE 410  
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent  
Name  
**Brandon Brown, Elizabeth A ESQ.**  
Street Address (P.O. Box Number is Not Acceptable)  
**9045 La FONTANA Blvd Suite B-1**  
City  
**Boca Raton** FL Zip Code  
**33434**

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 **Brandon Brown, Elizabeth A** **4/21/04**  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$690,000.00**  
10. Amount of Capital Contributions in FLORIDA to date. **690,000.00**

**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 #	M02000000961	STREET ADDRESS	
NAME	ADDISON CAPITAL GROUP, LLC	CITY-ST-ZIP	
STREET ADDRESS	318 N. CARSON STREET, SUITE 208		
CITY-ST-ZIP	CARSON CITY, NV 89701		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>400036483714</b>
STREET ADDRESS			<b>05/14/04--01061--015 **526.25</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: **Alley Bloom** **4/21/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Alley Bloom** Daytime Phone # **(560) 417-7115**

STAPLE CHECK HERE