2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

DOCUMENT # A0200000589 1. Entity Name BOCA FIRST CAPITAL, LLLP				FILED Apr 27, 2005 8:00 A.M. Secretary of State
Principal Place of Business Mailing Address				_
7100 W. CAMINO., SUITE 402 7100 W. CAMINO., SUI BOCA RATON FL 33433 BOCA RATON FL 3343 US			JITÉ 402 133	TALL AND ASSET OF THE OWNER OF THE REAL PROPERTY OF THE
Principal Place of Business Address Address		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1ST MOORE CR2E003 (10/04)
City & State		City & State		4. FEI Number 56-2283963 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
9 04 B O C	NDON-BROWN, ELIZABE 5-LA FONTANA BLVD., SI 6A RATON FL 33434	JITE B-1	7100 City Boc	ss (P.D. Box Number is Not Acceptable) Boca First Capital LLLP W. Comino Real Blvd #402 a Raton FL Zip Code 33433
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I amfamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and this if applicable Ash as Date 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. 9. Capital Contributions as Shown on record. 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 # M0200000961		STREET ADDRESS	ABBINESS STRINGES SITE.	
NAME ADDISON CAPITAL GROUP, LLC STREET ADDRESS 318 N. CARSON STREET, SUITE 208 CITY-ST-ZIP CARSON CITY NV 89701		CITY-ST-ZIP		
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes				
SIGNATURE: SIGNATURE: SIGNATURE AND TYPEONOR PRINTED NAME OF SIGNATURE OF SIGNATU				