

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:19

<b>DOCUMENT # A02000000589</b>	
1. Entity Name <b>BOCA FIRST CAPITAL, LLLP</b>	

Principal Place of Business <b>7100 W. CAMINO., SUITE 402 BOCA RATON FL 33433 US</b>	Mailing Address <b>7100 W. CAMINO., SUITE 402 BOCA RATON FL 33433 US</b>
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2. Principal Place of Business <b>6600 W. ROGERS CIRCLE Suite, Apt. #, etc. Suite # 14 City &amp; State BOCA RATON FL Zip 33487</b>	3. Mailing Address <b>6600 W. ROGERS CIRCLE Suite, Apt. #, etc. Suite # 14 City &amp; State BOCA RATON FL Zip 33487</b>
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1st MOORE	CR2E003 (10/05)
4. FEI Number <b>56-2283963</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BLOOM, ASHLEY 7100 W CAMINO REAL BLVD., #402 BOCA RATON FL 33433</b>	7. Name and Address of New Registered Agent Name <b>BLOOM, ASHLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>6600 W. ROGERS CIRCLE SUITE # 14 City BOCA RATON FL Zip Code 33487</b>
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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 *Ashley Bloom* DATE 04/24/06

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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # <b>M02000000961</b>	NAME <b>ADDISON CAPITAL GROUP, LLC</b>	STREET ADDRESS	
STREET ADDRESS <b>318 N. CARSON STREET, SUITE 208</b>	CITY-ST-ZIP <b>CARSON CITY NV 89701</b>	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	<b>000076017920</b>
STREET ADDRESS		CITY-ST-ZIP	<b>06/08/05--01029--011 **508.45</b>
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CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Ashley Bloom* **04/24/06** **(561) 417-7115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE