


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:42

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

Principal Place of Business 1801 CLINT MOORE RD SUITE#217 BOCA RATON, FL 33487 US	Mailing Address 1801 CLINT MOORE RD SUITE#217 BOCA RATON, FL 33487 US
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2. Principal Place of Business - No P.O. Box # 5301 N. Federal Hwy Suite, Apt. #, etc. # 380	3. Mailing Address 5301 N. Federal Hwy Suite, Apt. #, etc. # 380
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City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33487	Zip 33487
Country	Country



02272008 Chg-LP CR2E003 (12/06)

4. FEI Number 56-2283963	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLOOM, ASHLEY 1801 CLINT MOORE RD SUITE 217 BOCA RATON, FL 33487
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7. Name and Address of New Registered Agent Name Bloom, Howard Street Address (P.O. Box Number is Not Acceptable) 5301 N. Federal Hwy # 380 City Boca Raton FL Zip Code 33487
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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 H. Bloom DATE 03/01/08

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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	900128356919
NAME		CITY - ST - ZIP	05/05/08--01008--008 **500.00
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
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: H. Bloom DATE 03/01/08 (561) 674-0060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE