

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

**DOCUMENT # A02000000590**

1. Entity Name  
**7280 BOYNTON BEACH ASSOCIATES, LTD.**



*Change of Address*  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 FEB 17 2004

Principal Place of Business  
**C/O 7280 BBB DEVELOPMENT, INC.  
 3998 N.W. F.A.U. BOULEVARD, STE. 307  
 BOCA RATON, FL 33431**

Mailing Address  
**C/O 7280 BBB DEVELOPMENT, INC.  
 3998 N.W. F.A.U. BOULEVARD, STE. 307  
 BOCA RATON, FL 33431**

2. Principal Place of Business

3. Mailing Address



**3701 FAU Boulevard, Suite 205 Boca Raton, FL 33431**

01082004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**APPLIED FOR** ☒ Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HEAD, THOMAS S  
 3998 N.W. F.A.U. BOULEVARD STE. 307  
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

**3701 FAU Boulevard, Suite 205  
 Boca Raton, FL 33431**

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 *Thomas S. Head* DATE **1/26/04**

9. Capital Contributions as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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 # **P02000039648**  
 NAME **7280 BBB DEVELOPMENT, INC.**  
 STREET ADDRESS **3998 N.W. F.A.U. BOULEVARD STE. 307**  
 CITY-ST-ZIP **BOCA RATON, FL 33431**

STREET ADDRESS **3701 FAU Boulevard, Suite 205**  
 CITY-ST-ZIP **Boca Raton, FL 33431**

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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Thomas S. Head* DATE **1/26/04** DAYTIME PHONE # **561-347-6915**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE