

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 8, 2004

DOCUMENT # **AR20040001265**

1. Entity Name

BOCA HEIGHTS, LTD.



FILED

04 OCT -5 PM 3:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

C/O BERTRAM WASSERMAN
11704 DOVE HOLLOW AVENUE
BOYNTON BEACH FL 33437-1698

Mailing Address

C/O BERTRAM WASSERMAN
11704 DOVE HOLLOW AVENUE
BOYNTON BEACH FL 33437-1698

2. Principal Place of Business

101 PINE CIRCLE

3. Mailing Address

ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

4. FEI Number

65-0934241

Applied For

Not Applicable

Zip

33432

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WASSERMAN, BERTRAM
11704 DOVE HOLLOW AVENUE
BOYNTON BEACH FL 33437-1698

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

DATE

9. Capital Contributions
as Shown on record.

\$90,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

7-10-3575
725.00

11. FILE NOW!!! Due by September 8, 2004!
See Block 11 instructions for fee info. If
first notice was not received, check box
and do not include \$400 late fee. ☒

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
WASSERMAN, BERTRAM
11704 DOVE HOLLOW AVENUE
BOYNTON BEACH FL 33437-1698

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Bertram Wasserman

9/2/04

561-703-3754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #