PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~LIMITED PARTNERSHIP REINSTATEMENT~~ LLBR

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 10 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04199

1. Name of Limited Partnership

BOCA-MED ASSOCIATES, LTD

2. Principal Office Address	**3.** Mailing Office Address
900 NW 13 St.	% RICHARD VENEZIA
Suite, Apt. #, etc.	Suite, Apt. #, etc. 160 VALENCIA DR.
City & State BOCA RATON FL	City & State ISLAMORADA FL
Zip 33486 Country USA	Zip 33036 Country USA

4. Date Formed or Registered To Do Business in Florida 3/12/76

5. FEI Number 59-1742710 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record: $50

7b. Amount of Capital Contributions in **FLORIDA** to date: $50

8. Name and Address of Current Registered Agent

Name: RICHARD J. VENEZIA

Street Address (P.O. Box Number is Not Acceptable): 160 VALENCIA DR.

Suite, Apt. #, Etc.:

City: ISLAMORADA State: FL Zip Code: 33036

FEES:

1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 7b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.

2.) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

CR2E039 (9/01)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	**10a.** Registration Document Number
RICHARD J. VENEZIA	160 VALENCIA DR. ISLAMORADA FL 33036	600004789676--1 -12/26/01--01091--008 ****141.25 ****141.25	N/A

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 7 DEC 01

Typed or Printed Name of General Partner Signing Form RICHARD J. VENEZIA Telephone Number (305) 664-0086

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Rev. Dr. Richard J. Venezia
160 Valencia Drive
Islamorada, Florida 33036
(305)664-0086
eMail: dickvenezia@yahoo.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registration Section
Department of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
December 7, 2001

Gentlemen:

I just spoke with a representative of your office who responded to my issue by advising me to explain in writing why I am delinquent in filing the annual limited partnership report. The following are the pertinent circumstances:

The sole asset of Boca-Med Associates, Ltd., is a medical building in which I practiced my profession for many years. I retired from practice in 1992, but the partnership maintained a small administrative/leasing office in the building until last year. Appropriately, my name as general partner was on the door as was the name of the building manager.

For a long time after I retired, mail was held for me at my former office. However, as the years passed, most of the mail was discarded, it generally being advertisements of some sort. More significant mail was picked up by the building manager and held for me until I next came to the building (I have lived in the Florida Keys for over seven years, and the building is in Boca Raton --- 125 miles away).

Now that Boca-Med has no office in the building, mail addressed to the partnership is normally delivered to the mailbox bearing its name. However, since the Certificate of Revocation (and presumably whatever correspondence preceded it) bore my name as well, it was delivered to my old office. Fortunately, the last piece of mail eventually found its way to me. I enclose the $141.25 as requested. I am writing the check on my personal account so as to expedite the matter.

I strongly suggest that your office consider sending delinquent notices by certified or registered mail. In my own case, I am going to have your future notices sent to me at my home address so as to preclude this difficulty in the future.

Yours Very Truly,

Richard J. Venezia
General Partner
Boca-Med Associates, Ltd.