


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR 27 AM 9:51

|  |  |  |   |   |
|--|--|--|---|---|
| <b>DOCUMENT # A05000000217</b>   |  |  |   |  |
| 1. Entity Name<br>BOCA/RIVIERA BEACH PARTNERS LP, LTD.   |  |  |   |   |
| Principal Place of Business<br>321 E HILLSBORO BLVD<br>DEERFIELD BEACH, FL 33441   |  | Mailing Address<br>321 E HILLSBORO BLVD<br>DEERFIELD BEACH, FL 33441                     |   |   |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |
| City & State   |  | City & State   |   |   |
| Zip  | Country  | Zip  | Country                                       |   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |   |   |
| STOTZER, THEODORE R<br>321 E HILLSBORO BLVD<br>DEERFIELD BEACH, FL 33441   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |   |
| 4. FEI Number <input checked="" type="checkbox"/> Applied For<br>Not Applicable  |  |  |   |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |  |  |   |   |
| 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 _____  |  | DATE _____   |   |   |
| Signature, typed or printed name of registered agent and title if applicable.  |  |  |   |   |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>After May 1, 2006, Fee will be \$900.00</b>   |  |  |   |   |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |  |  |   |   |
| 12. GENERAL PARTNER INFORMATION  |  | 13. ADDRESS CHANGES ONLY   |   |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P05000014996<br>BOCA/RIVIERA BEACH PARTNERS, INC.<br>321 E HILLSBORO BLVD<br>DEERFIELD BEACH, FL 33441 | STREET ADDRESS<br>CITY - ST - ZIP  |   |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | STREET ADDRESS<br>CITY - ST - ZIP  | 900069947859<br>04/10/06--01050--014 **508.75 |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | STREET ADDRESS<br>CITY - ST - ZIP  |   |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | STREET ADDRESS<br>CITY - ST - ZIP  |   |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | STREET ADDRESS<br>CITY - ST - ZIP  |   |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | STREET ADDRESS<br>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: _____   |  | Date _____ Daytime Phone # _____   |   |   |
| Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |  |  |   |   |

STAPLE CHECK HERE