

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A13913**

1. Entity Name
BOCA PLACE ASSOCIATES, LTD.



FILED
03 MAY -2 PM 6:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA
MJH

Principal Place of Business
**2859 PACES FERRY ROAD, SUITE 1450
ATLANTA GA 30339**

Mailing Address
**2859 PACES FERRY ROAD, SUITE 1450
ATLANTA GA 30339**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2264491**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BASTUBA, JONI K
C/O GABLES REALTY LIMITED PARTNERSHIP
6551 PARK OF COMMERCE BLVD., SUITE 100
BOCA RATON FL 33487**

Name

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

777 Yamato Road ; Suite 510

City

Boca Raton

FL

Zip Code

33431

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.

9. Capital Contributions as Shown on record. **\$626,347.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # **F96000005185**
NAME **GABLES GP, INC.**
STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1450**
CITY-ST-ZIP **ATLANTA GA 30339**

STREET ADDRESS

CITY-ST-ZIP

600017875426

05/02/03--01048--008 **526.25

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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: **SIGNATURE REQUIRED** **4/24/03** **770-436-4600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

000657 AT