


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 22 PM 3:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A14709		
1. Entity Name BOCA RATON HOTEL AND CLUB LIMITED PARTNERSHIP		

Principal Place of Business C/O EDWARD E. MARCH, SR. VP-FINANCE 501 E CAMINO REAL BOCA RATON, FL 33432	Mailing Address C/O EDWARD E. MARCH, SR. VP-FINANCE 501 E CAMINO REAL BOCA RATON, FL 33432
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2. Principal Place of Business 501 E. CAMINO REAL Suite, Apt. #, etc. CORPORATE OFFICE	3. Mailing Address PO BOX 5025 Suite, Apt. #, etc. CORPORATE OFFICE
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City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33432	Country
Zip 33431	Country

01262004		Chg-LP	CR2E003 (10/03)
4. FEI Number 36-3248403	Applied For Not Applicable		
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	



6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$50,600,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	B93000000417	STREET ADDRESS	
NAME	BRMC, L.P.	CITY-ST-ZIP	
STREET ADDRESS	% 380 LEXINGTON AVENUE, SUITE 4500		
CITY-ST-ZIP	NEW YORK, NY 10168		100036061091
DOCUMENT #		STREET ADDRESS	05/11/04--01041--024 **526.25
NAME		CITY-ST-ZIP	
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NAME		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: MaryJo Finocchiaro *MaryJo Finocchiaro* 4/16/04 561-447-5302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #