2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A15278

1. Entity Name

BOCA CORPORATE CENTRE ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 11 PM 2:03

Principal Place of Business	Mailing Address
7777 GLADES ROAD. SUITE 310 BOCA RATON FL 33434	7777 GLADES ROAD. SUITE 310 BOCA RATON FL 33434

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

BY MAY 1, 2002

4. FEI Number 7407 — Applied For / Not Applicable

5. Certificate desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FEURRING, DOUGLAS R 7777 GLADES ROAD SUITE 310 BOCA RATON FL 33434	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.

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$495,000.00		

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 #	G55379	STREET ADDRESS	
NAME	BOCA CORPORATE CENTRE, INC.	CITY-ST-ZIP	
STREET ADDRESS	7777 GLADES ROAD, SUITE 310		
CITY-ST-ZIP	BOCA RATON FL 33434		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400004925004--2 -02/14/02--01030--016 ****535.00 ****535.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #