

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 JAN 30 AM 8:05

1. Name of Limited Partnership

1a. DOCUMENT #  
A-16358

BOCA EAST ASSOCIATES, LTD.

Mailing Address

Principal Office Address

3. Date Formed or Registered

02-01-84

5a. Capital Contributions as  
Shown on record.

\$5,000,000

3a. Date of Last Report

03-06-96

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

FLORIDA

2. Mailing Address

2a. Principal Office Address

c/o James W. Shindell, Esq. 300 WEST ROYAL PALM ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

201 So. Biscayne Blvd., Ste 2400

City & State

City & State

Miami Florida

BOCA RATON, FLORIDA

Zip Country

Zip Country

33131 U.S.A.

33432 U.S.A.

6. FEI Number

59-2368915

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

KELLEY DRYE & WARREN LLP  
Attn: JAMES W. SHINDELL, ESQ.  
201 SO. BISCAYNE BLVD., STE. 2400  
MIAMI, FLORIDA 33131

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. 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

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

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

B.E.A.L. REALTY CORP.

6431 COW PEN ROAD

MIAMI LAKES, FL  
33014-6601

J39114

900002078369--3  
-02/05/97--01050--029  
\*\*\*\*576.25 \*\*\*\*576.25

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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.

B.E.A.L. REALTY CORP.  
SIGNATURE By: *John Hatfield*  
President

JOHN HATFIELD

DATE 1/24/97

Daytime Telephone Number 404/420-5601

Typed or Printed Name of General Partner Signing Form

CP2E003 (6/96)