



**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED  
Mar 08, 2004 08:00 AM  
Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                         |                                                             |                                                                                          |                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------|
| <b>DOCUMENT # A18000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                         |                                                             |         |                 |
| 1. Entity Name<br>BOINIS ASSOCIATES, LTD.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                         |                                                             |                                                                                          |                 |
| Principal Place of Business<br>7940 GLADES ROAD<br>BOCA RATON, FL 33434                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                                                         | Mailing Address<br>7940 GLADES ROAD<br>BOCA RATON, FL 33434 |                                                                                          |                 |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      | 3. Mailing Address                                      |                                                             |                                                                                          |                 |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | Suite, Apt. #, etc.                                     |                                                             |                                                                                          |                 |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | City & State                                            |                                                             | 4. FEI Number<br>59-2463234                                                              |                 |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | Country                                                 |                                                             | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                 |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                         | 7. Name and Address of New Registered Agent                 |                                                                                          |                 |
| BOINIS, PETER P<br>7940 GLADES ROAD<br>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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                |                      |                                                         |                                                             |                                                                                          |                 |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                         |                                                             |                                                                                          |                 |
| 9. Capital Contributions as Shown on record. \$5,354,393.00                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      | 10. Amount of Capital Contributions in FLORIDA to date. |                                                             |                                                                                          |                 |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br/>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 #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME                 | STREET ADDRESS                                          | STREET ADDRESS                                              |                                                                                          |                 |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BOINIS, PETER P      | 7940 GLADES ROAD                                        | CITY-ST-ZIP                                                 |                                                                                          |                 |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7940 GLADES ROAD     | BOCA RATON, FL 33434                                    | CITY-ST-ZIP                                                 | U00000081852<br>03/09/04-90001-006 526.25                                                |                 |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BOCA RATON, FL 33434 |                                                         | CITY-ST-ZIP                                                 |                                                                                          |                 |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME                 | STREET ADDRESS                                          | STREET ADDRESS                                              |                                                                                          |                 |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                         | CITY-ST-ZIP                                                 |                                                                                          |                 |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                         | CITY-ST-ZIP                                                 |                                                                                          |                 |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                         | CITY-ST-ZIP                                                 |                                                                                          |                 |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME                 | STREET ADDRESS                                          | STREET ADDRESS                                              |                                                                                          |                 |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                         | CITY-ST-ZIP                                                 |                                                                                          |                 |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                         | CITY-ST-ZIP                                                 |                                                                                          |                 |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                         | CITY-ST-ZIP                                                 |                                                                                          |                 |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME                 | STREET ADDRESS                                          | STREET ADDRESS                                              |                                                                                          |                 |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                         | CITY-ST-ZIP                                                 |                                                                                          |                 |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                         | CITY-ST-ZIP                                                 |                                                                                          |                 |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                         | CITY-ST-ZIP                                                 |                                                                                          |                 |
| DOCUMENT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | NAME                 | STREET ADDRESS                                          | STREET ADDRESS                                              |                                                                                          |                 |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                         | CITY-ST-ZIP                                                 |                                                                                          |                 |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                         | CITY-ST-ZIP                                                 |                                                                                          |                 |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                         | 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:                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                         | 2/13/04                                                     |                                                                                          | 561-487-1600    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                         | Date                                                        |                                                                                          | Daytime Phone # |

STAPLE CHECK HERE