FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A21181**

SECRETARY OF STATE

99 JAN -4 PN 3: 15

	A21181					
BOCA COMMERCIAL-INDUSTRIA						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
3195 N. POWERLINE ROAD, SUITE 104 POMPANO BEACH FL 33069	3195 N. POWERLINE ROAD, SUITE 104 POMPANO BEACH FL 33069		11/06/1985 3a. Date of Last Report 01/29/1998	\$700,000.00 5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2601143	Applied For Not Applicable		
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zīp Country	Zip	Country	8. Make check payable to: Dept. of 8	State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office						
9, Name and Address of Current Registered Agent		Name 5000027363055				
BRENNER, SCOTT F.		Street Address (P.O. Box Number Is Not Acceptable) 1/11/39—U1065—016				
3195 POWERLINE ROAD	_		<u></u>			
POMPANO BEACH FL 33069			· · · · · · · · · · · · · · · · · · ·	****526.25 ****526.25		
	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	D DUONIEGO ENTITY		
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 (Do NOT Use Post Office Box	Partner (Numbers)	1b. City, State & Zip Code	11c. Registration/ Document Number		
BOCA I GENPAR, INC.	3195 N. POWERLINE ROA		POMPANO BEACH FL 3306	P98000030544		
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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.

SIGNATURE /		572	DATE 12/21/98
* Typed or Printed Name of General Partner Si	gning Form	MARC KOPELMAN	Daytime Telephone Number 954-978-9968