

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

526.23

DOCUMENT # **A21181**

1. Entity Name  
**BOCA COMMERCIAL-INDUSTRIAL, LTD.**



FILED

2003 MAR -5 AM 11:28

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1000 E. HILLSBORO BLVD., STE. 100  
DEERFIELD BEACH FL 33441**

Mailing Address  
**1500 W. Cypress Creek Road, Ste. 407  
Ft. Lauderdale, FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2601143**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRENNER, SCOTT F.  
1000 E. HILLSBORO BLVD., STE. 100  
DEERFIELD BEACH FL 33441**

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

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

DATE

9. Capital Contributions as Shown on record. **\$1,765,674.50**

10. Amount of Capital Contributions in FLORIDA to date. **1,560,701.83**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P98000030544**  
NAME **BOCA I GENPAR, INC.**  
STREET ADDRESS **1000 E. HILLSBORO BLVD., STE. 100**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

STREET ADDRESS  
**1500 W. Cypress Creek Road, Ste. 407  
Ft. Lauderdale, FL 33309**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
**300013526543**  
CITY-ST-ZIP  
**03/05/03 01007-016 \*\*526.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/7/2003

954-586-5199

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE