

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A27742

1. Entity Name
BOCA VILLA LIMITED PARTNERSHIP



FILED
03 APR 30 AM 11:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 100 W. HIDDEN VALLEY BLVD. BOCA RATON FL 43215 US	Mailing Address 383 S 3RD ST. COLUMBUS OH 43215 US
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2. Principal Place of Business	3. Mailing Address	4/30
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	

DUE BY MAY 1, 2003

4. FEI Number **31-1162068** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**JOSEPH SKILKEN MANAGEMENT CO.
BOCA SOL APARTMENT RENTAL OFFICE
200 NE 20TH STREET
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. \$150.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	F93000001193	STREET ADDRESS	04/30/03--01075--015 **141.25
NAME	JOSEPH SKILKEN & CO	CITY-ST-ZIP	
STREET ADDRESS	383 SOUTH THIRD STREET		
CITY-ST-ZIP	COLUMBUS OH		
DOCUMENT #		STREET ADDRESS	000017584810
NAME		CITY-ST-ZIP	04/30/03--01075--015 **141.25
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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: Joseph Skilken **4/24/03** **614-221-4547**

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

STAPLE CHECK HERE

CR2E003 (10/02)