2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK

SECRETARY OF STATE **DOCUMENT # A32928** 1. Entity Name 04 APR 15 PM 3: 48 EAST BOCA PLAZA ASSOCIATES, LTD. Principal Place of Business Mailing Address 3612 WEST HILLSBORO BLVD. 9810 NW 10TH STREET PLANTATION, FL 33322 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address 406 W.HIIISBOOBLUC Suite, Apt. #, etc. Suite, Apt. #, etc. 02262004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For Beach leer held 65-0337650 Not Applicable Zip 33441 Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVERMAN, JONATHAN Street Address (P.O. Box Number is Not Acceptable) 3612 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33442 406 W. HILLSHOYD BIVE City FL 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 9. Capital Contributions 10. Amount of Capital Contributions \$970,833.33 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. P00000031959 DOCUMENT # 406 W. Hillspora Blud STREET ADDRESS EAST BOCA PLAZA ASSOCIATES, INC. NAME STREET ADDRESS 3612 WEST HILLSBORO BLVD CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH., FL 33442 DOCUMENT (STREET ADDRESS NAME STREET ADDRESS 200035796932 CITY-ST-7IP CITY-ST-ZIP 05/10/04--01030--018 **528.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SOCUMENT** ≱ STREET ADDRESS NAME TREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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:

FILED