

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A32928 1. Entity Name EAST BOCA PLAZA ASSOCIATES, LTD.					
Principal Place of Business 406 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441			Mailing Address 9810 NW 10TH STREET PLANTATION, FL 33322		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		02162005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 65-0337650	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SILVERMAN, JONATHAN 406 WEST HILLSBORO BLVD. DEERFIELD BEACH, FL 33441				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 \$970,833.33			10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000031959		STREET ADDRESS		
NAME	EAST BOCA PLAZA ASSOCIATES, INC.		CITY - ST - ZIP		
STREET ADDRESS	406 WEST HILLSBORO BLVD				
CITY - ST - ZIP	DEERFIELD BCH., FL 33441				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			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: <i>Jonathan Silverman, Pres</i>			Date <i>2/16/05</i> Daytime Phone # <i>954-360-7444</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <i>Jonathan Silverman, Pres</i>					

STAPLE CHECK HERE

U000000314479
04/18/05-80169-007 526.25