


**2004* LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED

**Apr 21, 2004 08:00 AM
Secretary of State**

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| DOCUMENT # A93000000877 |  |
| 1. Entity Name BOLEXIE, LTD. | |

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| Principal Place of Business 20969 CERTOSA TERRACE BOCA RATON FL 33433 | Mailing Address 20969 CERTOSA TERRACE BOCA RATON FL 33433 |
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| 2. Principal Place of Business Suite, Apt #, etc. City & State Zip | 3. Mailing Address Suite, Apt #, etc. City & State Zip |
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MOORE CR2E003 (11/03)

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| 4. FEI Number 65-0432978 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BOOKSTEIN, MERRILL A 20969 CERTOSA TERRACE BOCA RATON FL 33433 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 date if applicable

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| 9. Capital Contributions as Shown on record \$1,000.00 | 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 # NAME STREET ADDRESS CITY - ST - ZIP | V69593 LEXIE AND ASSOCIATES, INC. 10969 CERTOSA TERRACE BOCA RATON FL 33433 | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | U00000136430 04/29/04-80011-002 150.00 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
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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: *Merrill A. Bookstein* **President of G.P.** **4/14/04** **561-361-9454**
SIGNATURE AND TYPE OF REGISTERED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE