


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JAN 30 PM 2:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A95000000506	
1. Entity Name BOCA MGROUP LTD.	

Principal Place of Business C/O SOUTHEAST CENTERS 1541 SUNSET DR., STE. 300 CORAL GABLES, FL 33143	Mailing Address NORMAN ORODENKER/TILLINGHAUS LIGHT PERKINS SMITH & COHEN LLP/10 WEYBOSSET ST 10TH FL PROVIDENCE, RI 02903
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01082004 Chg-LP CR2E003 (10/03)

4. FEI Number 13-3840360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AXELROD, ALAN D P.A. C/O BILZIN SUMBERG DUNN & AXELROD LLP 2500 FIRST UNION FINANCIAL CENTER MIAMI, FL 33131	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 title if applicable.

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FLORIDA to date.
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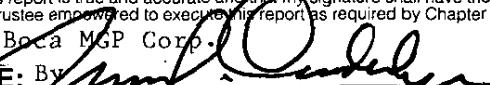
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000017654	STREET ADDRESS	
NAME	BOCA MGP CORP.	CITY-ST-ZIP	
STREET ADDRESS	%NORMAN G ORODENKER/10 WEYBOSSET ST. 10 FL		
CITY-ST-ZIP	PROVIDENCE, RI 02903		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: By 	1/20/04	401-456-1333
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> Norman G. Orodener, Secretary	<small>Date</small>	<small>Daytime Phone #</small>