


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 24, 2006 08:00 AM
Secretary of State

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/TILLINGHAST LIGHT PERKINS
 SMITH & COHEN LLP/10 WEYBOSSET ST 10TH FL
 PROVIDENCE, RI 02903**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

3. Mailing Address
**c/o Norman Orodenker/
 Tillinghast Light LLP
 Suite, Apt. #, etc.
 10 Weybosset Street
 Providence, RI
 Zip
 02903
 Country**



01112006 Chg-LP CR2E003 (11/05)

4. FEI Number
13-3840360

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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

U00000399727
 02/01/06 80024-000-500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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.

STAPLE CHECK HERE

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	
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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 exemptions contained in Chapter 119, 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 *Norman G. Orodenker*
 Signature and typed or printed name of signing general partner

Date: **1/13/06** Daytime Phone #: **401-456-1200**

Norman G. Orodenker, Secretary