

2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007

FILED

2007 APR -5 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A95000000506</b>			
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 - No P.O. Box #	
Suite, Apt. #, etc.		3. Mailing Address Norman G. Orodenker, Tillinghast Licht LLP Suite, Apt. #, etc. 10 Weybosset Street, 10th FL	
City & State		City & State Providence, RI 02903	
Zip	Country	Zip	Country
4. FEI Number 13-3840360		Applied For 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	
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 fee if applicable.			
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P95000017654 BOCA MGP CORP. %NORMAN G ORODENKER/10 WEYBOSSET ST. 10 FL PROVIDENCE, RI 02903	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 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		2/6/07 401-456-1333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	
Norman G. Orodenker, Secretary			

STAPLE CHECK HERE