FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra MortKam

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a.A95000001397

BOCA MARINA, LTD.

97-AR

FILED 97 FEB 24 PM 2: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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lavling Address 350 WEST CAMINO GARDENS BLVD SUITE 303 BOCA RATON FL 33432 Principal Office Address 350 WEST CAMINO GARDENS BLVD SUITE 303 BOCA RATON FL 33432		ILVD., SUITE 303	3. Date Formed or Registered 09/19/1995 38. Date of Lest Report	58. Capital Contributions as Shown on record.
			03/27/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		R.	\$1,400,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI NUMBER FOR	Applied For Not Applicable
City & State	City & State		65-0669 5 7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip Country		8. Make check payable to: Dept. of	Fee Required If State (See reverse side for fee Information)
9. Name and Address of Current	Registered Agent	T	10. If changed, new Registers	ed Agent/Office
BOCA DEVELOPERS, INC.		Name		
350 WEST CAMINO GARDENS BLVD. SUITE 303 BOCA RATON FL 33432		Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc.		
		City FL Zip Code		FL Zip Code
for the purpose of changing its registered office or r agent. I am familiar with, and accept the obligations		rida. Such change w	as authorized by its general partner(s). The	reby accept the appointment of registered
A GENERAL PARTNER THAT	IS A CORPORATION,	LIMITED PA	DATE ARTNERSHIP OR OTHE	
A GENERAL PARTNER THAT MUST	<u> BE REGISTERED AN</u>	D ACTIVE	ARTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTITY
A GENERAL PARTNER THAT MUST 11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office B	ID ACTIVE al Partner lox Numbers) 11	ARTNERSHIP OR OTHE WITH THIS OFFICE. b. City, State & Zip Code	R BUSINESS ENTITY 11c. Registration/ Document Number
A GENERAL PARTNER THAT MUST	<u> BE REGISTERED AN</u>	ID ACTIVE al Partner lox Numbers) 11	ARTNERSHIP OR OTHE WITH THIS OFFICE. b. City, State & Zip Code BOCA RATON FL 33432	R BUSINESS ENTITY
A GENERAL PARTNER THAT MUST 11. Name(s) of General Partner(s) BOCA DEVELOPERS, INC. Note: General partners MAY NOT 12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that myself.	BE REGISTERED AN 11a. (Do NOT Use Fost Office B 350 WEST CAMINO GA stiling is voluntary jurnished and does not in 19.0 (30k) in the event their the in the part of the start of the star	n; an ameno of qualify for the exentormation supplied	RTNERSHIP OR OTHE WITH THIS OFFICE. b. City, State & Zip Code BOCA RATON FL 33432 ODCIO -02/2 **** Iment must be filed to ch option stated in Section 119.07(3)(k), Florids a deemed exempt from public access. I fund	P95000088742 11c. Registration/ Document Number P95000088742 1100440-3 7797-01094-012 778.25 ****576.25 ange a general partner. a Statutes. I release the Division of her certify that the information indicated on
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