

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

DOCUMENT # A95000001933

1. Entity Name

BOCA GOLF VIEW, LTD.



APPROVED
AND
FILED
04 APR -9 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

321 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

Mailing Address

321 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0665919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOCA GOLF VIEW DEVELOPERS, INC.
321 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

Name

TED STOTZER

Street Address (P.O. Box Number is Not Acceptable)

321 E HILLSBORO BLVD

City

DEERFIELD BEACH

FL

Zip Code

33441

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

DATE

9. Capital Contributions
as Shown on record.

\$8,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P95000093959
NAME BOCA GOLF VIEW DEVELOPERS, INC.
STREET ADDRESS 321 E. HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BEACH FL 33441

STREET ADDRESS

CITY-ST-ZIP

000033181770
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-8-04 954-418-0208

STAPLE CHECK HERE