


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000000595 1. Entity Name BOCA PARTNERS, LTD.	
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Principal Place of Business 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071	Mailing Address 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071
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2. Principal Place of Business 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300 City & State Sunrise, FL Zip 33323	3. Mailing Address 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300 City & State Sunrise, FL Zip 33323
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6. Name and Address of Current Registered Agent GRANT, MARK F 200 EAST BROWARD BLVD., 15TH FLOOR FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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.

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.	

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP P96000052326 BOCA PARTNERS HOLDINGS CORP. 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071	STREET ADDRESS CITY-ST-ZIP 1600 Sawgrass Corp Pkwy, #300 Sunrise, FL 33323
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 000074698630 05/17/06--01005--005 **500.00 </div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	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: Paul Corban Paul Corban, Vice President 4/27/06 954-753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

06 MAY -AM PM 17 44

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04262006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0803467	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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STAPLE CHECK HERE