

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A97000000595

1. Entity Name
BOCA PARTNERS, LTD.



Principal Place of Business
1600 SAWGRASS CORP PARKWAY, SUITE 300
SUNRISE, FL 33323

Mailing Address
1600 SAWGRASS CORP PARKWAY, SUITE 300
SUNRISE, FL 33323

FILED

07 MAY 18 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0803467	Applied For <input type="checkbox"/> Not Applicable
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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	
GRANT, MARK F 200 EAST BROWARD BLVD., 15TH FLOOR FORT LAUDERDALE, FL 33301		Name Steven M. Helfman, Esq. Street Address (P.O. Box Number is Not Acceptable) 1600 Sawgrass Corp Pkwy, Suite 300 City Sunrise FL Zip Code 33323	

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 **4/26/07**

Signature, typed or printed name of registered agent and title 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	P96000052326 BOCA PARTNERS HOLDINGS CORP. 1600 SAWGRASS CORP PARKWAY, SUITE 300 SUNRISE, FL 33323	STREET ADDRESS CITY-ST-ZIP	900103627639 05/31/07--01048--002 **500.00
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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: **Paul Colborn, Secretary of BP** **4/26/07** **954-753-1730**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE