


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:29

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. Suite 230	Suite, Apt. #, etc. Suite 230
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City & State	City & State
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Zip	Country	Zip	Country
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04162008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0803467	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HELFMAN, STEVEN M ESQ 1600 SAWGRASS CORP. PKWY, SUITE 300 230 SUNRISE, FL 33323	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 **4/27/08**

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	1600 Sawgrass Corp Pkwy, #230 Sunrise, FL 33323
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	200128119542 05/01/08--01054--007 **\$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:  **Richard M. Norwalk** **4/29/08** **954-753-1730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE