


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 22 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001712		
1. Entity Name LEDER BOCA, LTD., A FLORIDA LIMITED PARTNERSHIP		

Principal Place of Business 6530 W. ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487	Mailing Address 6530 W. ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02102004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0786264		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEDER, SEAN 6530 W. ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

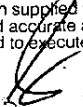
9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on 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	P97000062790 LEDER BOCA, INC. 6530 W. ROGERS CIRCLE, SUITE 31 BOCA RATON, FL 33487	STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

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:  4/19/04 561-995-7878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #