

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 10 PM 4:07

**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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4755 Technology Way Ste. 202  
 Boca Raton, FL 33431-3338

4755 Technology Way Ste. 202  
 Boca Raton, FL 33431-3338

02052008

Chg-LP

CR2E003 (12/06)

4. FEI Number  
 65-0786264

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEDER, SEAN  
 6530 W. ROGERS CIRCLE, SUITE 31  
 BOCA RATON, FL 33487

Name

Street

4755 Technology Way Ste. 202  
 Boca Raton, FL 33431-3338

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**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 # P02000078470  
 NAME STJ MANAGEMENT INC.  
 STREET ADDRESS 6530 W. ROGERS CIRCLE, SUITE 31  
 CITY-ST-ZIP BOCA RATON, FL 33487

STREET ADDRESS

4755 Technology Way Ste. 202  
 Boca Raton, FL 33431-3338

CITY-ST-ZIP

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Sean Leder 2/14/08

561-807-2768

STAPLE CHECK HERE