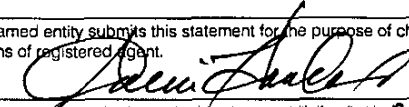
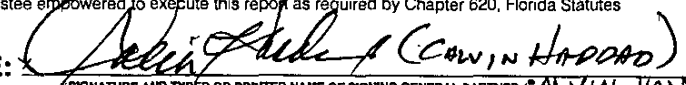


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 20 AM 8:33

DOCUMENT # A99000000326			
1. Entity Name B & C BOCA HOLDINGS LTD			
Principal Place of Business 2629 N.W. 64TH PLACE BOCA RATON, FL 33496		Mailing Address 2629 N.W. 64TH PLACE BOCA RATON, FL 33496	
2. Principal Place of Business 400 S.E. FIFTH AVENUE Suite, Apt. #, etc. 604		3. Mailing Address 400 S.E. FIFTH AVENUE Suite, Apt. #, etc. 604	
City & State BOCA RATON, FL Zip 33432		City & State BOCA RATON, FL Zip 33432	
Country U.S.A.		Country U.S.A.	
6. Name and Address of Current Registered Agent HADDAD, CALVIN 501 E. PALMETTO PARK RD. BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name HADDAD, CALVIN Street Address (P.O. Box Number is Not Acceptable) 400 S.E. FIFTH AVENUE - APT. 604 City BOCA RATON FL Zip Code 33432	
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 1/13/05 Signature typed or printed name of registered agent and title if applicable. CALVIN HADDAD			
9. Capital Contributions as Shown on record. \$5,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	P99000018800	STREET ADDRESS	400 S.E. FIFTH AVENUE - APT. 604
NAME	500 FIFTH HOLDINGS, INC	CITY-ST-ZIP	BOCA RATON, FL 33432
STREET ADDRESS	2629 NW 64TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33496	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		DATE: 1/13/05 (212) 683-4404	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER CALVIN HADDAD G.P.			

STAPLE CHECK HERE