

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000699

1. Entity Name

BOCA ELEVEN, LTD.

FILED

00 JAN 24 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
222 LAKEVIEW AVE., SUITE 800
WEST PALM BEACH FL 33401

Mailing Address
222 LAKEVIEW AVE., SUITE 800
WEST PALM BEACH FL 33401-6148



2. Principal Place of Business
7777 Glades Road
Suite, Apt. #, etc.
201

3. Mailing Address
7777 Glades Road
Suite, Apt. #, etc.
201

City & State
Boca Raton, Fla. 33434

City & State
Boca Raton, Fla.

4. FEI Number
65-0925152

Applied For
Not Applicable

Zip Country
33434 USA

Zip Country
33434 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSEN, MARVIN
222 LAKEVIEW AVE., SUITE 800
WEST PALM BEACH FL 33401

Name
Melissa Crowe
Street Address (P.O. Box Number is Not Acceptable)
7777 Glades Road, 201
Boca Raton, Fla. 33434

City FL Zip Code
Boca Raton, 33434

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. \$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # P99000038686
NAME BOE, INC.
STREET ADDRESS 222 LAKEVIEW AVE., SUITE 800
CITY - ST - ZIP WEST PALM BEACH FL 33401

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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY - ST - ZIP

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[Handwritten Signature]

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

JEFFREY L. SCHMER 1/20/00

Date

Daytime Phone #

(561) 483-2330