


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001344</b>					
<b>1. Entity Name</b> EXCELSIOR PARC AT BOYNTON BEACH, LTD.					
<b>Principal Place of Business</b> 15340 JOG RD., STE. 200 DELRAY BEACH, FL 33446			<b>Mailing Address</b> 15340 JOG RD., STE. 200 DELRAY BEACH, FL 33446		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0996126	
				<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
MORTON GROUP, INC. 15340 JOG RD., STE. 200 DELRAY BEACH, FL 33446				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> _____ <b>DATE</b> _____					
<b>9. Capital Contributions as Shown on record.</b> \$1,000.00			<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b>	P93000020897		<b>STREET ADDRESS</b>		
<b>NAME</b>	MORTON GROUP, INC.		<b>CITY-ST-ZIP</b>		
<b>STREET ADDRESS</b>	15340 JOG RD., STE. 200				
<b>CITY-ST-ZIP</b>	DELRAY BEACH, FL 33446				
<b>DOCUMENT #</b>			<b>STREET ADDRESS</b>	U000000114576	
<b>NAME</b>			<b>CITY-ST-ZIP</b>	04/15/04-80056-005 141.25	
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>DOCUMENT #</b>			<b>STREET ADDRESS</b>		
<b>NAME</b>			<b>CITY-ST-ZIP</b>		
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<b>NAME</b>			<b>CITY-ST-ZIP</b>		
<b>STREET ADDRESS</b>					
<b>CITY-ST-ZIP</b>					
<b>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</b>					
<b>SIGNATURE:</b> _____			4/8/04 561-865-9322		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE