

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B01000000364

1. Entity Name
EAST BOCA PARTNERS I, L.P.



FILED
04 APR 27 PM 3:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 150 E. PALMETTO PARK ROAD #401 BOCA RATON, FL 33432	Mailing Address 150 E. PALMETTO PARK ROAD #401 BOCA RATON, FL 33432
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04202004 Chg-LP CR2E003 (10/03) 4/27

City & State	City & State	4. FEI Number 65-1146598	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent SIMIGRAN, KENNETH H 150 E. PALMETTO PARK ROAD #401 BOCA RATON, FL 33432	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

9. Capital Contributions as Shown on record. \$20,000,000.00	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	A01000001095 PALMETTO PARK I, LTD. 150 E. PALMETTO PARK ROAD #401 BOCA RATON, FL 33432	STREET ADDRESS CITY-ST-ZIP	150 E. PALMETTO PARK ROAD, #340 BOCA RATON, FL 33432
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	0000036197640 05/12/04--01044--020 **\$35.00
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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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Date Daytime Phone #