

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 NOV 19 PM 4: 26



BK 11/20/96

1. Name of Limited Partnership

1a. DOCUMENT #  
B93000000300

BOCA RELATED PARTNERS LIMITED PARTNERSHIP

Mailing Address  
625 MADISON AVENUE  
NEW YORK NY 10022

Principal Office Address  
1209 ORANGE STREET  
WILMINGTON DE 19801

3. Date Formed or Registered  
07/19/1993

5a. Capital Contributions as  
Shown on record.  
\$1.00

3a. Date of Last Report  
10/02/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date:  
\$100.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. State or Country of Formation  
DE

6. FEI Number  
13-3720647

☐ Applied For  
☐ Not Applicable

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

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

400002015064--1

-11/26/96--01146--013

\*\*\*\*191.25 \*\*\*\*191.25

FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

~~RESIDENTIAL APARTMENTS II, L~~  
LC-SFS Associates  
Inc.

C/O 2 MANHATTANVILLE  
625 Madison Avenue

PURCHASE NY 10577  
New York, NY  
10022

B94000000117  
F95000004749

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Susan McGuire, Secretary

Daytime Telephone Number

9-26-96  
(212) 421-5333

CR2E003 (6/96)