



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED 98 DEC 31 PM 4:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 	
1. Name of Limited Partnership BOCA RELATED PARTNERS LIMITED PARTNERSHIP		1a. DOCUMENT # B93000000300			
Mailing Address 625 MADISON AVENUE NEW YORK NY 10022		Principal Office Address 1209 ORANGE STREET WILMINGTON DE 19001		3. Date Formed or Registered 07/19/1993 3a. Date of Last Report 10/06/1997 4. State or Country of Formation DE 6. FEI Number 13-3720647 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$100.00 5b. Amount of Capital Contributions in FLORIDA to date:	
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 900002748309--8 -01/20/99--01114--016 ***141.35 ***141.25			
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) EC-SFS ASSOCIATES, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 625 MADISON AVENUE		11b. City, State & Zip Code NEW YORK NY 10022	
11c. Registration/Document Number 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 <u>Susan McQuice</u> DATE <u>9/22/98</u> Typed or Printed Name of General Partner Signing Form <u>Susan McQuice</u> Daytime Telephone Number <u>212-421-5333</u>					

CR2E003 (8/98)