

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # F03000000157**

1. Entity Name

BOCA RATON INVESTMENT GP, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 20 PM 1:33

Principal Place of Business Mailing Address  
% REAL ESTATE CAPITAL PARTNERS L.P. % REAL ESTATE CAPITAL PARTNERS L.P.  
1185 AVENUE OF THE AMERICAS 1185 AVENUE OF THE AMERICAS  
NEW YORK CITY NY 10036 NEW YORK CITY NY 10036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 14-1859932

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME KINNEY, ROBERT L  
STREET ADDRESS 1185 AVENUE OF THE AMERICAS, 18TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☐ Change ☐ Addition  
NAME 100033993411  
STREET ADDRESS 04/27/04--01011--003 \*\*150.00  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME SHEWER, KARIN  
STREET ADDRESS 1185 AVENUE OF THE AMERICAS, 18TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME LAMIE, HUGH R  
STREET ADDRESS 1185 AVENUE OF THE AMERICAS, 18TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME MCGEE, ROBERT  
STREET ADDRESS 1185 AVENUE OF THE AMERICAS, 18TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME SASS, MARTIN D  
STREET ADDRESS 1185 AVENUE OF THE AMERICAS, 18TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Karin Shever*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

Daytime Phone #