

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F03000000157**

1. Entity Name

BOCA RATON INVESTMENT GP, INC.



Principal Place of Business

% REAL ESTATE CAPITAL PARTNERS L.P.  
114 WEST 47TH ST 23RD FLOOR  
NEW YORK CITY, NY 10036

Mailing Address

% REAL ESTATE CAPITAL PARTNERS L.P.  
114 WEST 47TH ST 23RD FLOOR  
NEW YORK CITY, NY 10036



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE C  
NAME KINNEY, ROBERT L  
STREET ADDRESS 114 WEST 47TH ST 23RD FLOOR  
CITY-ST-ZIP NEW YORK, NY 10036

TITLE P  
NAME SHEWER, KARIN E  
STREET ADDRESS 114 WEST 47TH ST 23RD FLOOR  
CITY-ST-ZIP NEW YORK, NY 10036

TITLE VP  
NAME DOOCY, PAUL J  
STREET ADDRESS 114 WEST 47TH ST 23RD FLOOR  
CITY-ST-ZIP NEW YORK, NY 10036

TITLE ST  
NAME MCGEE, ROBERT J  
STREET ADDRESS 114 WEST 47TH ST 23RD FLOOR  
CITY-ST-ZIP NEW YORK, NY 10036

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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05/16/07-80018-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #