


**AMENDED**  
**2004 LIMITED LIABILITY COMPANY**  
**AMENDED ANNUAL REPORT**

**DOCUMENT # L03000023226**

1. Entity Name  
**BOCAVOX, LLC**



Principal Place of Business  
**15960 PINE STRAND COURT**  
**WELLINGTON, FL 33414**

Mailing Address  
**15960 PINE STRAND COURT**  
**WELLINGTON, FL 33414**

2. Principal Place of Business  
**345 ALEXANDRA CIR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**345 ALEXANDRA CIR.**  
 Suite, Apt. #, etc.

City & State  
**WESTON FL**

City & State  
**WESTON FL**

Zip  
**33326**

Country  
**USA**


Zip  
**33326**

Country  
**USA**

FILED

2004 OCT 28 PM 12:07

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA



10262004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**51-0475190**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

8. Name and Address of Current Registered Agent

~~CRANE, ROBERT L~~  
~~515 N. FLAGLER DRIVE, 18TH FLOOR~~  
~~WEST PALM BEACH, FL 33401~~

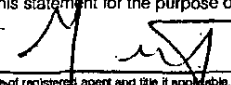
7. Name and Address of New Registered Agent

Name **JOSE H. SABAT**

Street Address (P.O. Box Number is Not Acceptable)  
**345 ALEXANDRA CIR**

City **WESTON FL** Zip Code **33326**

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 **OCT 26, 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**Amended AR is \$50.00**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MCLAUGHLIN, MICHAEL B <input checked="" type="checkbox"/> Delete<br>15960 PINE STRAND COURT<br>WELLINGTON, FL 33414 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SABAT, JOSE H <input type="checkbox"/> Delete<br>345 ALEXANDRA CIRCLE<br>WESTON, FL 33326                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 10. ADDITIONS/CHANGES                          |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>500042293295</b><br><b>10/26/04--01077--002 **55.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  (JOSE H. SABAT) DATE: **OCT 26, 2004** DAYTIME PHONE: **954-5995267**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #