

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 27, 2005  
Secretary of State**

DOCUMENT# L03000030894

Entity Name: BOCA FEDERAL III LLC

**Current Principal Place of Business:**

980 NORTH FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

980 NORTH FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 20-0363361      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKATOFF, JEFFREY H  
980 NORTH FEDERAL HIGHWAY  
SUITE 200  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: KLEPPER, CARL E JR.  
Address: 980 NORTH FEDERAL HIGHWAY  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR      ( ) Delete  
Name: COMPARATO, JAMES  
Address: 980 NORTH FEDERAL HIGHWAY #200  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES COMPARATO

MGR

04/27/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date