

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052220

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: BOSON PROPERTIES, LLC

**Current Principal Place of Business:**

951 NW 13TH ST, STE 1C  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 810969  
BOCA RATON, FL 33481

**New Mailing Address:**

FEI Number: 20-0479472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLEINMAN, JOSEPH H MD  
951 NW 13TH STREET  
BOCA RATON, FL 33486 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: KLEINMAN, JOSEPH H M.D.  
Address: 951 NW 13 STREET, SUITE 1C  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR ( ) Change (X) Addition  
Name: JIMENEZ, CARLOS J M.D.  
Address: 951 NW 13 STREET, SUITE 1C  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR ( ) Change (X) Addition  
Name: NEEDELL, STEVEN D M.D.  
Address: 951 NW 13 STREET, SUITE 1C  
City-St-Zip: BOCA RATON, FL 33486

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: JOSEPH H. KLEINMAN, M.D.

MGR

04/13/2004

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