

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90027 043 ****50.00

DOCUMENT # L04000079299	
1. Entity Name BOCA TOWN PARTNERS, LLC	

Principal Place of Business 1108 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442	Mailing Address 1108 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442
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20038658



2. Principal Place of Business 800 Yamato Rd Suite, Apt. #, etc. 100	3. Mailing Address 800 Yamato Rd Suite, Apt. #, etc. 100
City & State Boca Raton	City & State Boca Raton
Zip 33431	Country

04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 73-1722936	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SARAGA, ROBERT S ESQ. C/O SARAGA & LIPSHY, P.A. 201 N.E. FIRST AVENUE DELRAY BEACH, FL 33444	
7. Name and Address of New Registered Agent 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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, ANDREW 1108 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 800 YAMATO RD STE 100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENNELLA, FRANCIS S 1108 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 800 YAMATO RD STE 100 BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/06