


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000001947  
 1. Entity Name  
 BOCA BEND, L.L.C.



Principal Place of Business  
 215 N. FEDERAL HIGHWAY, SUITE 1  
 BOCA RATON, FL 33432

Mailing Address  
 215 N. FEDERAL HIGHWAY, SUITE 1  
 BOCA RATON, FL 33432

**DO NOT WRITE IN THIS SPACE**



03302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0182301	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BATMASIAN, JAMES H ESQ.  
 215 N. FEDERAL HIGHWAY, SUITE 1  
 BOCA RATON, FL 33432

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

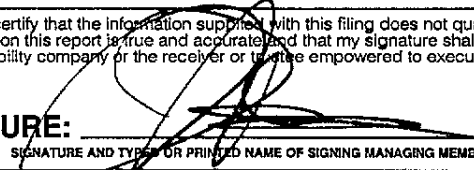
**Filing Fee is \$50.00  
 Due by May 1, 2004**

U00000112993  
 04/14/04-80045-013 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BATMASIAN, JAMES H 215 N. FEDERAL HIGHWAY, SUITE 1 BOCA RATON, FL 33432
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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:  DATE: 3/12/04 DAYTIME PHONE #: (561) 392-8920

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