

2000 UNIFORM BUSINESS REPORT (UBR)

0006025 AF

DOCUMENT # L98000003469
 1. Entity Name
BOCA INVESTMENT, LLC

FILED
00 JAN 27 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 131 DOOLEN CT. #308D 131 DOOLEN CT. #308D
 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408-5635



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0877139** Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SWINDELL, KIRK
131 DOOLEN CT. #308D
NORTH PALM BEACH FL 33408

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME	MGRM SWINDELL, KIRK	<input type="checkbox"/> Delete
STREET ADDRESS	131 DOOLEN CT. #308D	
CITY- ST- ZIP	NORTH PALM BEACH FL 33408	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	600003119606--0	
CITY- ST- ZIP	-02/01/00--01134--012	
	*****50.00 *****50.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		

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: *Kirk Swindell* **SIGNATURE REQUIRED** *Kirk Swindell* Date *1-24-2000* Daytime Phone # *(561) 841-0527*

CR2E083 (9/99)