

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 08:00 AM
Secretary of State

DOCUMENT # L98000003469

1. Entity Name
BOCA INVESTMENT, LLC

Principal Place of Business 131 DOOLEN CT. #308D NORTH PALM BEACH FL 33408	Mailing Address 131 DOOLEN CT. #308D NORTH PALM BEACH FL 33408
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2. Principal Place of Business 1600 DOVER RD. Suite, Apt. #, etc. #209B City & State DELRAY BEACH FL	3. Mailing Address 1600 DOVER RD. Suite, Apt. #, etc. #209B City & State DELRAY BEACH FL
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DO NOT WRITE IN THIS SPACE

Zip 33445	Country US	Zip 33445	Country US
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4. FEI Number 65-0877139	Applied For <input type="checkbox"/> Not Applicable
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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
 SWINDELL KIRK
 Street Address (P.O. Box Number is Not Acceptable)
 1600 DOVER RD.
 #209B
 City
 DELRAY BEACH FL Zip Code
 33445

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 _____ DATE **04/17/2001**

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

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

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

10. ADDITIONS / CHANGES			
TITLE	MGRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWINDELL KIRK		
STREET ADDRESS	1600 DOVER RD., #209B		
CITY-ST-ZIP	DELRAY BEACH FL 33445		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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 **MGRM** 04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/00)