2001 UNIFORM BUSINESS REPORT (UBR

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DOCU 1. Entity Nar	IMENT	# L990	000001515				provided in the provided in	`			:
2060 PARTNERS OF BOCA RATON, L.L.C.							FILED				
			<u> </u>				01 JAN 22 P	N 2: 18			
Principal Place of Business Mailing Address							CEOPETARY OF	STATE			
709 ELM TREE LANE 709 ELM TREE LANE BOCA RATON FL 33486 BOCA RATON FL 33486							TALLAHASSEE, I	LORIDA			
5007714110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5000 MAIGHT E 00100						1 1 H 00 1 0 H 0		
2. Principal I	Place of Busin	ness	3. Mailing Address								
`											
Suite, Apt	f. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	ite		City & State			4. FE	4. FEI Number Applied For Not Applicable				
Zip Country			Zip	Cour	ntry	5 . Ce	ertificate of Status Desired	` > \$	5.00 Add	ditional	1
شية مراجم	6. Name	and Address of Curr	ent Registered Agent		-	7. Na	me and Address of New R	, ге	e Require ent	d	-
				•	Name	57 atter	y Poul				
SLATTEF	ry, paul I tre lane		,		Street	Address (P.O. Box	Number is Not Acceptable	n Blu	Ø. =	# <i>2</i>	1
	ATON FL 33	486		_	-	, , , , , , , , , , , , , , , , , , , 		<u> </u>			1
		^	``~~~		City 7	Boca Ra	tan	FL	Zip Cod	<u> </u>	1
8. The above	e named entity	subjnits this statemen	t for the purpose of changing its	register	ed office o	r registered agen	it, or both, in the State of Flo		.ر.ن	701	1
CIONIATURE	_1/_	hul VI	4666	•	(:	Daul S	SLATTERY	1-17	-01		
SIGNATURE	Signature, yped	or printed harra of egistered ac	gent and title if applicable. (NOT	E: Registere	d Agent signa	ture required when reins		1-17 DATE			
		•	/ FILE N	!!!WC	FEE IS	\$50.00					
		٠	Make Check Pa	yable t	o Depar	lment of State					
9.		MANAGING MEI	MBERS/MEMBERS	10.		" · · ·	ADDITIONS/	CHANGES			1
TITLE NAME	MGRM	Y, LEONORA M	☐ Delete	TITL NAM	•		3000039] coco] Change 53-	Addition	2E083 (11/00)
STREET ADDRESS	709 ELM	TREE LANE			ET ADDRESS		-01/26/		44	122 _	83
CITY-ST-ZIP	1	TON FL 33486	☐ Delete	TITL	-ST-ZIP	MERM	****	7	未未未与 ☑ Change	5.UU ☐ Addition	RZEC
NAME	MGRM SLATTER	r. Paul	L. Delete	NAM		SLATTER	Y, PAUL		v Change	☐ Addation	S
STREET ADDRESS CITY-ST-ZIP	709 ELM	TREE LANE			ET ADDRESS -ST-ZIP	5758 Y	y, PAUL ISTA Linda L aton, FL	ane 33435	7		
TITLE	DULA RA	TON FL 33486	☐ Delete	TITL		D 0000 11	, ,		Change	☐ Addition	1
NAME STREET ADDRESS				NAM	E et address						
CITY-ST-ZIP	,				-ST-ZIP		•				
TITLE	·		☐ Delete	TITLI			/] Change	Addition	
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NAME	}		El Delate	NAM	Ē			_	1 Onlinge	- Addition	
STREET ADDRESS CITY-ST-ZIP				•	ET ADDRESS ST-ZIP		,			!	
11. I hereby o	certify that the	information supplied v	vith this filing does not qualify for	the exe	nption sta	ted in Section 119	9.07(3)(i), Florida Statutes. I	further certify	that the in	formation	1
limited lia	bility compan	y or the receiver or trus	nd that my signature shall have to stee empowered to execute this i	eport as	required	or as it made und by Chapter 608, F	ier bain; inat i am a managi Florida Statutes.	ng member o	r manage	OJ INÐ	
SIGNATURE: X SIGNAV A DE LLES MARCHANIA SIAMEDINA SIAMED											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE PAGE Daytime Phone #											