2005 LIMITED LIABILITY COMPANY ANNUAL-REPORT

DOCUMENT # L99000001515

1. Entity Name 2060 PARTNERS OF BOCA RATON, L.L.C.



FILED
Jan 28, 2005 08:00 AM
Secretary of State

Principal Place of Business 709 ELM TREE LANE BOCA RATON, FL 33486 Mailing Address 709 ELM TREE LANE BOCA RATON, FL 33486



DO NOT WRITE IN THIS SPACE

01062005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0950667

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Konora

SIGNATURE: \(\)

SLATTERY, PAUL 2060 NW BOCA RATON BLVD. #2 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

		IN THIS	SPACE
	named entity submits this statement for the purpose of char- tions of registered agent.	iging its registered office or registered agent, or both, in the Sta	ete of Florida. I am familiar with, and accept
SIGNATURE			
F D	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLATTERY, LEONORA M 709 ELM TREE LANE BOCA RATON, FL 33486	011 01 /20	0000202546 705-80115-008 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLATTERY, PAUL 5758 VISTA LINDA LANE BOCA RATON, FL 33433	017 20	/V3_00113_00@ 29.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CRY-ST-ZIP			
11. I hereby of indicated limited lial	certify that the information supplied with this filing does not queen this report is true and accurate and that my signature sha offility company or the receiver or trustee empowered to execu-	ualify for the exemption stated in Section 119.07(3)(i). Florida St ill have the same lagal effect as if made under oath; that I am a ute this report as required by Chapter 608, Florida Statutes.	atutes. I further certify that the information managing member or manager of the

REPRESENTATIVE

Oale

Daytime Phone #