


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000001515  
1. Entity Name  
2060 PARTNERS OF BOCA RATON, L.L.C.



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

Mailing Address  
709 ELM TREE LANE  
BOCA RATON, FL 33486



02092006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 85-0950667	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLATTERY, LEONORA M 709 ELM TREE LANE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLATTERY, PAUL 5756 VISTA LINDA LANE BOCA RATON, FL 33433
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02/24/06-80022-010 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Leonora Slattery 2-10-06 561-392-3848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone n