

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A07000000949

Entity Name: BOCA TRIPLE E LLLP

FILED  
May 03, 2010  
Secretary of State

**Current Principal Place of Business:**

2799 NW BOCA RATON BLVD., SUITE 203  
C/O STEVEN SCJARRETTE  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2799 NW BOCA RATON BLVD., SUITE 203  
C/O STEVEN SCJARRETTE  
BOCA RATON, FL 33431

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCJARRETTE, STEVEN A  
2799 NW BOCA RATON BLVD., SUITE 203  
C/O STEVEN SCJARRETTE P.A.  
BOCA RATON, FL 33431 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: L07000081625  
Name: BOCA TRIPLE E MANAGEMENT LLC  
Address: 2799 NW BOCA RATON BLVD., SUITE 203  
City-St-Zip: BOCA RATON, FL 33431

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: LEE FALSTROM

MGR

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date