

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F07000005976



1. Entity Name
BOCA-FORUM MANAGER CORP.

Principal Place of Business
1801 SOUTH AUSTRALIAN AVE.
W. PALM BCH, FL 33409

Mailing Address
1801 SOUTH AUSTRALIAN AVE.
W. PALM BCH, FL 33409

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**DO NOT WRITE
IN THIS SPACE**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PC
NAME SCHLESINGER, ADAM
STREET ADDRESS 1801 SOUTH AUSTRALIAN AVE.
CITY-ST-ZIP W. PALM BCH, FL 33409

TITLE SD
NAME SCHLESINGER, JASON
STREET ADDRESS 1801 SOUTH AUSTRALIAN AVE.
CITY-ST-ZIP W. PALM BCH, FL 33409

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
May 02, 2008 8:00 am
Secretary of State**

05-02-2008 90152 021 ***150.00

10001000



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 26-1516614	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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Date

Daytime Phone #