2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000005846

1. Entity Name
CARPE DIEM ON BOCA, LLC

Principal Place of Business	Mailing Address
PO BOX 2413 BOCA GRANDE, FL 33921	PO BOX 2413 BOCA GRANDE, FL 33921

DO NOT WRITE IN THIS SPACE

01112005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
69-1019136		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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6. Name and Address of Current Registered Agent

WHIGHAM, DAVID L ESQ.
LO1 N. FRANKLIN STREET, SUITE 2600
TAMPA, FL 33602

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

U00000296396
04/09/05-80066-016 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MEM
NAME	SEIDENSTICKER, PATRICIA
STREET ADDRESS	421 PARK AVE.
CITY-ST-ZIP	BOCA RATON, FL 339210812
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Patricia Sti_   4/7/85

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #