

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90136 001 \*\*\*\*50.00

0028114

**DOCUMENT # L00000008617**

1. Entity Name  
**WEST BOCA, L.L.C.**



Principal Place of Business  
**7711 NORTH MILITARY TRAIL  
3RD FLOOR  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**7711 NORTH MILITARY TRAIL  
3RD FLOOR  
PALM BEACH GARDENS FL 33410**



2. Principal Place of Business  
**7741 N. Military Trail**

3. Mailing Address  
**7741 N. Military Trail**

Suite, Apt. #, etc.  
**Suite 1**

CHECK HERE IF MAKING CHANGES

City & State  
**Palm Beach Gardens, FL**

City & State  
**Palm Beach Gardens, FL**

Zip  
**33410**

Country  
**US**

4. FEI Number  
**65-1048638**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHICKEDANZ, W.K.  
7711 NORTH MILITARY TRAIL  
3RD FLOOR  
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**7741 N. Military Trail**

**Suite 1**

City  
**Palm Beach Gardens**

State  
**FL**

Zip Code  
**33410**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SCHICKEDANZ CAPITAL GROUP, L.L.C. 7711 NORTH MILITARY TRAIL, 3RD FL. PALM BEACH GARDENS FL 33410</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7741 N. Military Trail, Suite 1 Palm Beach Gardens, FL 33410</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Waldemar K. Schickedanz* 01/22/03 561-845-8797

SIGNATURE AT: **WALDEMAR K. SCHICKEDANZ** THORIZED REPRESENTATIVE Date Daytime Phone #  
PRESIDENT, SCHICKEDANZ CAPITAL GROUP, L.L.C.

CR2E083 (10/02)