2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000013583

1. Entity Name

EJ BÓCA PROPERTIES, L.L.C.



Principal Place of Business

3389 SHERIDAN ST.

174

HOLLYWOOD, FL 33021

Mailing Address

3389 SHERIDAN ST.

174

HOLLYWOOD, FL 33021

FILED Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90016 024 ***138.75

50004924



04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1061626	 Applied For Not Applicable
	 \$5.00 Additional
Certificate of Status Desired .	Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHLOSBERG, MINDY B ESQ. 3389 SHERIDAN STREET # 174

BOCA RATON, FL 33021

DO NOT WRITE IN THIS SPACE

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.	
	A STATE OF THE STA	

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLOSBERG, MARTIN W 3389 SHERIDAN STREET, # 174 HOLLYWOOD, FL 33021
NAME STREET ADDRESS CITY-ST-ZIP	*** **********************************
TITLE NAME STREET ADORESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the e

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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