
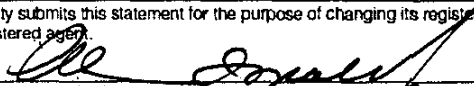



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90023 045 ****50.00

DOCUMENT # L01000000245 1. Entity Name BOCA 120, LLC			
Principal Place of Business % DAVID M. GOLDSTEIN, ESQ. 200 S. BISCAYNE BLVD., SUITE 1880 MIAMI, FL 33131		Mailing Address % DAVID M. GOLDSTEIN, ESQ. 200 S. BISCAYNE BLVD., SUITE 1880 MIAMI, FL 33131	
2. Principal Place of Business 6301 N. Ocean Blvd. Suite, Apt. #, etc.		3. Mailing Address 6301 N. Ocean Blvd. Suite, Apt. #, etc.	
City & State Ocean Ridge, FL. Zip 33435		City & State Ocean Ridge, FL Zip 33435	
Country PAmb Beach		Country Palm Beach	
4. FEI Number 65-1069662		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDSTEIN, DAVID M 200 S. BISCAYNE BLVD., SUITE 1880 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (If FLE-Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME MALNIK, ALVIN STREET ADDRESS % 200 S. BISCAYNE BLVD., SUITE 1880 CITY-ST-ZIP MIAMI, FL 33131	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: 		3-2-06 (561) 733-3333 Date Daytime Phone #	