

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000005985**

1. Entity Name  
**BOCA RATON HOLDINGS, L.L.C.**



Principal Place of Business  
**105 E. PALMETTO PARK RD.  
BOCA RATON, FL 33432**

Mailing Address  
**105 E. PALMETTO PARK RD.  
BOCA RATON, FL 33432**



01072004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1103597**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**D'ALMEIDA, ARTHUR B  
105 E. PALMETTO PARK RD.  
BOCA RATON, FL 33432**

**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.

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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	D'ALMEIDA, ARTHUR B
STREET ADDRESS	105 EAST PALMETTO PARK ROAD
CITY-ST-ZIP	BOCA RATON, FL 33432

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IN THIS SPACE**

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01/14/04-80003-012 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

561  
1-704 3684674