


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

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90018 007 ****50.00

DOCUMENT # <u>L 01000006504</u>	
1. Entity Name Management Properties of Boca Raton, LLC	

DO NOT WRITE IN THIS SPACE

14024870

2. Principal Place of Business <u>21346 ST. ANDREWS BLVD</u> Suite, Apt. #, etc. <u># 414</u> City & State <u>BOCA RATON FL</u> Zip <u>33433</u> Country <u>USA</u>		3. Mailing Address <u>21346 ST. ANDREWS BLVD</u> Suite, Apt. #, etc. <u># 414</u> City & State <u>BOCA RATON FL</u> Zip <u>33433</u> Country <u>USA</u>	
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DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-1102376</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>NRAI Services, Inc.</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>526 E. Park Avenue</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32301</u>		

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

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGING MEMBER</u> <u>MARTIN WEISBERG</u> <u>21346 ST. ANDREWS BLVD #414</u> <u>BOCA RATON FL 33433</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGING MEMBER</u> <u>MARTHA DELL</u> <u>2806 COUNTRYWIDE BLVD # 512</u> <u>CLEARWATER FL 33761</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Martin Weisberg MARTIN WEISBERG 6/30/04 561-620-8197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)