

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000010139		
1. Entity Name BOCA PROPERTIES, L.L.C.		
Principal Place of Business 2790 N FEDERAL HWY SUITE 400 BOCA RATON, FL 33431-7784	Mailing Address 2790 N FEDERAL HWY SUITE 400 BOCA RATON, FL 33431-7784	
DO NOT WRITE IN THIS SPACE		03202004 No Chg-LLC CR2E083 (10/03)
		4. FEI Number 65-1115792 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 BOGDANOFF, RICHARD M 2790 N FEDERAL HWY SUITE 400 BOCA RATON, FL 33431-7784		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004 000000096025 03/25/04-80012-018 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOGDANOFF, RICHARD M 2790 N FEDERAL HWY, SUITE 400 BOCA RATON, FL 334317784	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARK, BARRY S 2790 N FEDERAL HWY, SUITE 400 BOCA RATON, FL 334317784	
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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: <u>Richard M. Bogdanoff</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		3/20/04 6561394-6191 Date Daytime Phone #