2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 07, 2006 08:00 AM Secretary of State DOCUMENT # L01000011980 Entitý Name **BOCA RATON IV. LLC** Principal Place of Business Malling Address 600 CASS AVE. 600 CASS AVE. WOONSOCKET, RI 02895 WOONSOCKET, RI 02895 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 03-0420529 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAMES J. WHEELER, P.A. Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES ROAD SUITE 300 BOCA RATON, FL 33434 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice 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, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 8. 10. TITLE MGRM Change Addition ☐ Detete TITLE BOUCHER, JOHN J NAME MAME STREET ADDRESS STREET ADDRESS 600 CASE AVE. CITY-ST-ZIP WOONSOCKET, RI 02895 CITY-ST-ZIP Addition TITLE ☐ Defete TITLE ☐ Change 000000496526 -1100000496526 NAME NAME -009 55.00 STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE ☐ Defete TALE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-782 DILE ☐ Change ☐ Defete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change TIT) F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not quality or 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 it made undersoath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Fortida Statutes.

SIGNATURE: John J Bricher

FILED

401-769-1670

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