

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90169 025 \*\*\*\*50.00

**DOCUMENT # L01000020097**

1. Entity Name  
**BOTA, L.L.C.**



Principal Place of Business  
**108 SOUTH MIAMI AVENUE, 2ND FLOOR  
MIAMI, FL 33130**

Mailing Address  
**108 SOUTH MIAMI AVENUE, 2ND FLOOR  
MIAMI, FL 33130**

2. Principal Place of Business  
**1101 BRICKELL AVE**

3. Mailing Address  
**1101 BRICKELL AVE**

Suite, Apt. #, etc.  
**SUITE 800 N**

Suite, Apt. #, etc.  
**SUITE 800 N**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**02-0544884**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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

**SILVER & SILVER  
108 SOUTH MIAMI AVENUE, 2ND FLOOR  
MIAMI, FL 33130**

**7. Name and Address of New Registered Agent**

Name  
**RICHARD M. KWAL  
C/O KWAL + OLIVA CPAs**

Street Address (P.O. Box Number is Not Acceptable)  
**1101 BRICKELL AVE**

**SUITE 800 N**

City **MIAMI** FL Zip Code **33131**

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 Richard M. Kwal  
Signature, typed or printed name of registered agent and title if applicable.

Richard M. Kwal  
(NOTE: Registered Agent signature required when reinstating)

4/6/06  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR** ☐ Delete  
NAME **SMITH, ROBERT**  
STREET ADDRESS **108 SOUTH MIAMI AVENUE, 2ND FLOOR**  
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **SMITH, ROBERT**  
STREET ADDRESS **1101 BRICKELL AVE SUITE 800 N**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/7/08 305-661-0256  
Date Daytime Phone #