


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000002135 1. Entity Name BOCA HAMPTONS PLAZA, LLC	
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Principal Place of Business 2699 STIRLING ROAD, STE. B-100 FORT LAUDERDALE, FL 33312	Mailing Address 2699 STIRLING ROAD, STE. B-100 FORT LAUDERDALE, FL 33312
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DO NOT WRITE IN THIS SPACE

01152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0609068	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

NAVON, SAMUEL D
2699 STIRLING ROAD, STE. B-100
FORT LAUDERDALE, FL 33312

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000072586
03/02/04-80001-003 50.00

B. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAVON, SAMUEL D 2699 STIRLING ROAD, STE. B-100 FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERRANTE, WILLIAM E 2699 STIRLING ROAD, STE. B-100 FORT LAUDERDALE, FL 33312
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: 2/26/04 Daytime Phone: 954 967 2788

SAMUEL D. NAVON, MANAGING MEMBER