


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90042 009 \*\*\*\*50.00

<b>DOCUMENT # L02000002135</b> 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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**14002507**



02222005No 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"/>	<b>\$5.00</b> 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
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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: \_\_\_\_\_  
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, 2005**

9. 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
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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #