

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2003 8:00 am
Secretary of State

04-01-2003 90031 017 ****50.00

DOCUMENT # L02000006137

1. Entity Name

BOCAIRE DEVELOPMENT COMPANY LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17570 BOCAIRE WAY

Suite, Apt. #, etc.

3. Mailing Address

4830 TALLOWOOD LANE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

46-0481013

Applied For

Not Applicable

Zip

33487

Country

Zip

33487

Country

5. Certificate of Status Desired



\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MORTON SMITH

Street Address (P.O. Box Number is Not Acceptable)

17570 BOCAIRE WAY

City

BOCA RATON

FL

Zip Code

33487

**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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRES.
BARRY HAMERLING
4830 TALLOWOOD LANE
BOCA RATON, FL 33487

TITLE
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #