

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000006625**

1. Entity Name  
**BOCA HARBOUR 10, LLC**



Principal Place of Business  
**11555 HERON BAY BLVD.  
SUITE 200  
CORAL SPRINGS, FL 33076**

Mailing Address  
**11555 HERON BAY BLVD.  
SUITE 200  
CORAL SPRINGS, FL 33076**



03302006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**61-1408502**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional  
Fee Required

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

**WAROFF, MICHAEL G  
11555 HERON BAY BLVD  
SUITE 200  
CORAL SPRINGS, FL 33076**

**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

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

(NOTE: Registered Agent signature required when registering)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>RAMELLE, LLC</b>
STREET ADDRESS	<b>11555 HERON BAY BLVD STE 200</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33076</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**U00000523639  
05/03/06-80080-016 50.00**

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #