

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

POSTED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000008283

1. Entity Name
BOCA BISTRO, L.L.C.



Principal Place of Business

1801 SOUTH FEDERAL HIGHWAY, SUITE 100
DELRAY BEACH, FL 33483

Mailing Address

1801 SOUTH FEDERAL HIGHWAY, SUITE 100
DELRAY BEACH, FL 33483



02052004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
04-3642862

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAPOPORT, BURT
1801 SOUTH FEDERAL HIGHWAY, SUITE 100
DELRAY BEACH, FL 33483

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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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RAPOPORT, BURT
1801 S FEDERAL HWY STE 100
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
IACOBUCCI, ED
1801 S FEDERAL HWY STE 100
DELRAY BEACH, FL 33483

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

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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: *Burt Rapoport*

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

Date

Daytime Phone #