FILED
Apr 28, 2003 8:00 am
Secretary of State
03-06-2003 90004 047 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000021710

1. Entity Name
BOSTON REALTY MANAGEMENT LLC

Principal Place of Business	Mailing Address
748 NE 76TH ST. BOCA RATON FL 33487	748 NE 76TH ST. BOCA RATON FL 33487

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
389 South Lake Drive	389 South Lake Drive
Suite, Apt #, etc. #3B	Suite, Apt. #, etc. #3B
City & State Palm Beach FL	City & State Palm Beach Fl
Zip 33480 Country USA	Zip 33480 Country USA

4. FEI Number 81-0568932 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 3-3-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	Member Managing ☐ Delete	TITLE	Managing Member ☐ Change ☐ Addition
NAME	William Hassett	NAME	
STREET ADDRESS	748 NE 76th street	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton Fl 33487	CITY-ST-ZIP	
TITLE	Member ☐ Delete	TITLE	Delete ☐ Change ☐ Addition
NAME	Robert Hassett	NAME	
STREET ADDRESS	389 So Lake Drive #3B	STREET ADDRESS	
CITY-ST-ZIP	Palm Beach Fl 33480	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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 REQUIRED Robert W Hassett 3-3-03 561-802-3362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #