2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000032052

1. Entity Name 6224 BOCA LLC



FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

05 MAY -9 AM 8: 18

Principal Place of Business

2665 S. BAYSHORE DRIVE, SUITE 703

MIAMI, FL 33133

Mailing Address

2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133



04112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 74-3073848

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133

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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	MGR SEUSS, STEFAN 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133
NAME STREET ADDRESS CITY-ST-ZIP	
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	certify that the information supplied with this filing does not qualify for the ex-

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I hereby certify that the information supplied with this filling 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.

Stefan Section 119.07(3)(i), Florida Statutes. I further certify that the information 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.

Stefan Seas

4/11/05 (305) 858-9900

SIGNATURE: GNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE

Daytime Phone #