


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90028 040 \*\*\*\*55.00

**DOCUMENT # L03000002328**

1. Entity Name  
**BOCA FUNDING GROUP, LLC**



Principal Place of Business Mailing Address

7100 WD CAMINO RD  
 STE 402  
 BOCA RATON FL 33432  
 US

7100 WD CAMINO RD  
 STE 402  
 BOCA RATON FL 33432  
 US



2. Principal Place of Business 3. Mailing Address

6600 W. ROGERS CIRCLE  
 Suite, Apt. #, etc.  
 Suite # 14  
 City & State  
 BOCA RATON FL  
 Zip 33487 Country

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 Suite, Apt. #, etc.  
 Suite # 14  
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 BOCA RATON FL  
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1st MOORE CR2E083 (10/05)

4. FEI Number **41-2076936** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**ZEDECK, LEONARD E ESQ  
 SAWGRASS BUSINESS PLAZA  
 13790 NW 4TH ST, SUITE 113  
 SUNRISE FL 33325**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, HOWARD		NAME	BLOOM, HOWARD	
STREET ADDRESS	7100 W CAMINO REAL STE 402		STREET ADDRESS	6600 W. ROGERS CIRCLE SUITE #14	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	BOCA RATON FL- 33487	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, ASHLEY		NAME	BLOOM, ASHLEY	
STREET ADDRESS	7100 W CAMINO REAL STE 402		STREET ADDRESS	6600 W. ROGERS CIRCLE SUITE #14	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	BOCA RATON FL- 33487	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_ **04/24/06** **(561) 417-7115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #